

B22C (Official Form 22C) (Chapter 13) (01/08)

In re: **Delgado, Maria**

Debtor(s)

Case Number: _____

(If known)

According to the calculations required by this statement:

☒ **The applicable commitment period is 3 years.**☐ **The applicable commitment period is 5 years.**☐ **Disposable income is determined under § 1325(b)(3).**☒ **Disposable income is not determined under § 1325(b)(3).**

(Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual Chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

Part I. REPORT OF INCOME

| | | | | | | | | | | | | | |
|----------|---|-----------------------------|---|---|----|----|---|----|----|-------------------------------------|-----------------------------|----|----|
| 1 | Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. <input checked="" type="checkbox"/> Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10. b. <input type="checkbox"/> Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10. All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line. | | Column A Debtor's Income | Column B Spouse's Income | | | | | | | | | |
| 2 | Gross wages, salary, tips, bonuses, overtime, commissions. | | \$ 2,310.19 | \$ | | | | | | | | | |
| 3 | Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 45%;">Gross receipts</td> <td style="width: 50%;">\$</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Ordinary and necessary operating expenses</td> <td>\$</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Business income</td> <td>Subtract Line b from Line a</td> </tr> </table> | | a. | Gross receipts | \$ | b. | Ordinary and necessary operating expenses | \$ | c. | Business income | Subtract Line b from Line a | \$ | \$ |
| a. | Gross receipts | \$ | | | | | | | | | | | |
| b. | Ordinary and necessary operating expenses | \$ | | | | | | | | | | | |
| c. | Business income | Subtract Line b from Line a | | | | | | | | | | | |
| 4 | Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part IV. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 45%;">Gross receipts</td> <td style="width: 50%;">\$</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Ordinary and necessary operating expenses</td> <td>\$</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Rent and other real property income</td> <td>Subtract Line b from Line a</td> </tr> </table> | | a. | Gross receipts | \$ | b. | Ordinary and necessary operating expenses | \$ | c. | Rent and other real property income | Subtract Line b from Line a | \$ | \$ |
| a. | Gross receipts | \$ | | | | | | | | | | | |
| b. | Ordinary and necessary operating expenses | \$ | | | | | | | | | | | |
| c. | Rent and other real property income | Subtract Line b from Line a | | | | | | | | | | | |
| 5 | Interest, dividends, and royalties. | | \$ | \$ | | | | | | | | | |
| 6 | Pension and retirement income. | | \$ | \$ | | | | | | | | | |
| 7 | Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse. | | \$ | \$ | | | | | | | | | |

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| | | | | | | | | | |
|---|---|---|-----------------|-----------------|----|----|----|----|----|
| 8 | <p>Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">Unemployment compensation claimed to be a benefit under the Social Security Act</td><td style="width: 30%;">Debtor \$ _____</td><td style="width: 35%;">Spouse \$ _____</td></tr> </table> | Unemployment compensation claimed to be a benefit under the Social Security Act | Debtor \$ _____ | Spouse \$ _____ | \$ | \$ | | | |
| Unemployment compensation claimed to be a benefit under the Social Security Act | Debtor \$ _____ | Spouse \$ _____ | | | | | | | |
| 9 | <p>Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">a.</td><td style="width: 60%;"></td><td style="width: 35%; text-align: center;">\$</td></tr> <tr> <td>b.</td><td></td><td style="text-align: center;">\$</td></tr> </table> | a. | | \$ | b. | | \$ | \$ | \$ |
| a. | | \$ | | | | | | | |
| b. | | \$ | | | | | | | |
| 10 | <p>Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).</p> | \$ 2,310.19 | \$ | | | | | | |
| 11 | <p>Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.</p> | \$ 2,310.19 | | | | | | | |

Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD

| | | | | | | | | | | | |
|----|--|---------------------|--|----|----|--|----|----|--|----|----------------|
| 12 | <p>Enter the amount from Line 11.</p> | \$ 2,310.19 | | | | | | | | | |
| 13 | <p>Marital Adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents. Otherwise, enter zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">a.</td><td style="width: 60%;"></td><td style="width: 35%; text-align: center;">\$</td></tr> <tr> <td>b.</td><td></td><td style="text-align: center;">\$</td></tr> <tr> <td>c.</td><td></td><td style="text-align: center;">\$</td></tr> </table> <p>Total and enter on Line 13.</p> | a. | | \$ | b. | | \$ | c. | | \$ | \$ 0.00 |
| a. | | \$ | | | | | | | | | |
| b. | | \$ | | | | | | | | | |
| c. | | \$ | | | | | | | | | |
| 14 | <p>Subtract Line 13 from Line 12 and enter the result.</p> | \$ 2,310.19 | | | | | | | | | |
| 15 | <p>Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.</p> | \$ 27,722.28 | | | | | | | | | |
| 16 | <p>Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p> <p>a. Enter debtor's state of residence: <u>Illinois</u> b. Enter debtor's household size: <u>2</u></p> | \$ 56,545.00 | | | | | | | | | |
| 17 | <p>Application of § 1325(b)(4). Check the applicable box and proceed as directed.</p> <p><input checked="" type="checkbox"/> The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment period is 3 years" at the top of page 1 of this statement and continue with this statement.</p> <p><input type="checkbox"/> The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commitment period is 5 years" at the top of page 1 of this statement and continue with this statement.</p> | | | | | | | | | | |

Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOME

| | | |
|----|--|--------------------|
| 18 | <p>Enter the amount from Line 11.</p> | \$ 2,310.19 |
|----|--|--------------------|

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| 19 | <p>Marital adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 70%;"></td><td style="width: 25%; text-align: right;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td></td><td style="text-align: right;">\$</td></tr> <tr> <td style="text-align: center;">c.</td><td></td><td style="text-align: right;">\$</td></tr> </table> <p>Total and enter on Line 19.</p> | a. | | \$ | b. | | \$ | c. | | \$ | \$ 0.00 | | | | | | | | | | | | | | | | |
|---|---|---------------------|--|----------------------|----|--|----|----|-----|----------------------|----------------|-----|----------------------|--|-----|-------------------|--|-----|-------------------|--|-----|----------|--|-----|----------|--|----|
| a. | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | <p>Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.</p> | \$ 2,310.19 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | <p>Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.</p> | \$ 27,722.28 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | <p>Applicable median family income. Enter the amount from Line 16.</p> | \$ 56,545.00 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | <p>Application of § 1325(b)(3). Check the applicable box and proceed as directed.</p> <p><input type="checkbox"/> The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined under § 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement.</p> <p><input checked="" type="checkbox"/> The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not determined under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete Parts IV, V, or VI.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Part IV. CALCULATION OF DEDUCTIONS ALLOWED UNDER § 707(b)(2)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24A | <p>National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p> | \$ | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24B | <p>National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 16b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left; padding: 2px;">Household members under 65 years of age</th> <th colspan="3" style="text-align: left; padding: 2px;">Household members 65 years of age or older</th> </tr> </thead> <tbody> <tr> <td style="width: 5%; text-align: center;">a1.</td><td style="width: 60%;">Allowance per member</td><td style="width: 35%;"></td> <td style="width: 5%; text-align: center;">a2.</td><td style="width: 60%;">Allowance per member</td><td style="width: 35%;"></td> </tr> <tr> <td style="text-align: center;">b1.</td><td>Number of members</td><td></td> <td style="text-align: center;">b2.</td><td>Number of members</td><td></td> </tr> <tr> <td style="text-align: center;">c1.</td><td>Subtotal</td><td></td> <td style="text-align: center;">c2.</td><td>Subtotal</td><td></td> </tr> </tbody> </table> | | Household members under 65 years of age | | | Household members 65 years of age or older | | | a1. | Allowance per member | | a2. | Allowance per member | | b1. | Number of members | | b2. | Number of members | | c1. | Subtotal | | c2. | Subtotal | | \$ |
| Household members under 65 years of age | | | Household members 65 years of age or older | | | | | | | | | | | | | | | | | | | | | | | | |
| a1. | Allowance per member | | a2. | Allowance per member | | | | | | | | | | | | | | | | | | | | | | | |
| b1. | Number of members | | b2. | Number of members | | | | | | | | | | | | | | | | | | | | | | | |
| c1. | Subtotal | | c2. | Subtotal | | | | | | | | | | | | | | | | | | | | | | | |
| 25A | <p>Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p> | \$ | | | | | | | | | | | | | | | | | | | | | | | | | |

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| | | | | | | | | | | | |
|-----|---|-----------------------------|--|----|----|--|----|----|---|-----------------------------|----|
| 25B | <p>Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 60%;">IRS Housing and Utilities Standards; mortgage/rental expense</td><td style="width: 35%;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47</td><td>\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net mortgage/rental expense</td><td>Subtract Line b from Line a</td></tr> </table> | a. | IRS Housing and Utilities Standards; mortgage/rental expense | \$ | b. | Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47 | \$ | c. | Net mortgage/rental expense | Subtract Line b from Line a | \$ |
| a. | IRS Housing and Utilities Standards; mortgage/rental expense | \$ | | | | | | | | | |
| b. | Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47 | \$ | | | | | | | | | |
| c. | Net mortgage/rental expense | Subtract Line b from Line a | | | | | | | | | |
| 26 | <p>Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p> | \$ | | | | | | | | | |
| 27A | <p>Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.</p> <p>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7.</p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p> | \$ | | | | | | | | | |
| 27B | <p>Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p> | \$ | | | | | | | | | |
| 28 | <p>Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 60%;">IRS Transportation Standards, Ownership Costs</td><td style="width: 35%;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47</td><td>\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 1</td><td>Subtract Line b from Line a</td></tr> </table> | a. | IRS Transportation Standards, Ownership Costs | \$ | b. | Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47 | \$ | c. | Net ownership/lease expense for Vehicle 1 | Subtract Line b from Line a | \$ |
| a. | IRS Transportation Standards, Ownership Costs | \$ | | | | | | | | | |
| b. | Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47 | \$ | | | | | | | | | |
| c. | Net ownership/lease expense for Vehicle 1 | Subtract Line b from Line a | | | | | | | | | |

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| | | | | | | | | | | | |
|----|---|-----------------------------|---|----|----|--|----|----|---|-----------------------------|----|
| 29 | <p>Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the “2 or more” Box in Line 28.</p> <p>Enter, in Line a below, the “Ownership Costs” for “One Car” from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero.</p> <table border="1" data-bbox="191 359 1328 531"> <tr> <td data-bbox="191 359 245 405">a.</td><td data-bbox="250 359 982 405">IRS Transportation Standards, Ownership Costs</td><td data-bbox="987 359 1328 405">\$</td></tr> <tr> <td data-bbox="191 411 245 478">b.</td><td data-bbox="250 411 982 478">Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47</td><td data-bbox="987 411 1328 478">\$</td></tr> <tr> <td data-bbox="191 485 245 531">c.</td><td data-bbox="250 485 982 531">Net ownership/lease expense for Vehicle 2</td><td data-bbox="987 485 1328 531">Subtract Line b from Line a</td></tr> </table> | a. | IRS Transportation Standards, Ownership Costs | \$ | b. | Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47 | \$ | c. | Net ownership/lease expense for Vehicle 2 | Subtract Line b from Line a | \$ |
| a. | IRS Transportation Standards, Ownership Costs | \$ | | | | | | | | | |
| b. | Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47 | \$ | | | | | | | | | |
| c. | Net ownership/lease expense for Vehicle 2 | Subtract Line b from Line a | | | | | | | | | |
| 30 | <p>Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. Do not include real estate or sales taxes.</p> | \$ | | | | | | | | | |
| 31 | <p>Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.</p> | \$ | | | | | | | | | |
| 32 | <p>Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.</p> | \$ | | | | | | | | | |
| 33 | <p>Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 49.</p> | \$ | | | | | | | | | |
| 34 | <p>Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.</p> | \$ | | | | | | | | | |
| 35 | <p>Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.</p> | \$ | | | | | | | | | |
| 36 | <p>Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39.</p> | \$ | | | | | | | | | |
| 37 | <p>Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.</p> | \$ | | | | | | | | | |
| 38 | <p>Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.</p> | \$ | | | | | | | | | |

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Subpart B: Additional Expense Deductions under § 707(b)
Note: Do not include any expenses that you have listed in Lines 24-37

| | | | |
|----|---|------------------------|----|
| 39 | Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. | | |
| | a. | Health Insurance | \$ |
| | b. | Disability Insurance | \$ |
| | c. | Health Savings Account | \$ |
| | Total and enter on Line 39 | | \$ |
| | If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$ _____ | | |
| 40 | Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34. | | \$ |
| 41 | Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. | | \$ |
| 42 | Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary. | | \$ |
| 43 | Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards. | | \$ |
| 44 | Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary. | | \$ |
| 45 | Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income. | | \$ |
| 46 | Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45. | | \$ |

B22C (Official Form 22C) (Chapter 13) (01/08)

Subpart C: Deductions for Debt Payment

47

Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47.

| | Name of Creditor | Property Securing the Debt | Average Monthly Payment | Does payment include taxes or insurance? |
|------------------------------|------------------|----------------------------|-------------------------|--|
| a. | | | \$ | <input type="checkbox"/> yes <input type="checkbox"/> no |
| b. | | | \$ | <input type="checkbox"/> yes <input type="checkbox"/> no |
| c. | | | \$ | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Total: Add lines a, b and c. | | | | |

\$

48

Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.

| | Name of Creditor | Property Securing the Debt | 1/60th of the Cure Amount |
|------------------------------|------------------|----------------------------|---------------------------|
| a. | | | \$ |
| b. | | | \$ |
| c. | | | \$ |
| Total: Add lines a, b and c. | | | |

\$

49

Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. **Do not include current obligations, such as those set out in Line 33.**

\$

50

Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense.

| | | |
|----|--|-------------------------------|
| a. | Projected average monthly Chapter 13 plan payment. | \$ |
| b. | Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) | X |
| c. | Average monthly administrative expense of Chapter 13 case | Total: Multiply Lines a and b |

\$

51

Total Deductions for Debt Payment. Enter the total of Lines 47 through 50.

\$

Subpart D: Total Deductions from Income

52

Total of all deductions from income. Enter the total of Lines 38, 46, and 51.

\$

B22C (Official Form 22C) (Chapter 13) (01/08)

Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2)

| 53 | Total current monthly income. Enter the amount from Line 20. | \$ | | | | | | | | | | | | | | | |
|------------------------------|---|-------------------|---------------------------------|-------------------|----|--|----|----|--|----|----|--|----|------------------------------|--|----|----|
| 54 | Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child. | \$ | | | | | | | | | | | | | | | |
| 55 | Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19). | \$ | | | | | | | | | | | | | | | |
| 56 | Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52. | \$ | | | | | | | | | | | | | | | |
| 57 | <p>Deduction for special circumstances. If there are special circumstances that justify additional expenses for which there is no reasonable alternative, describe the special circumstances and the resulting expenses in lines a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57. You must provide your case trustee with documentation of these expenses and you must provide a detailed explanation of the special circumstances that make such expenses necessary and reasonable.</p> <table border="1"> <thead> <tr> <th></th> <th>Nature of special circumstances</th> <th>Amount of expense</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td>\$</td> </tr> <tr> <td>b.</td> <td></td> <td>\$</td> </tr> <tr> <td>c.</td> <td></td> <td>\$</td> </tr> <tr> <td colspan="2">Total: Add Lines a, b, and c</td> <td>\$</td> </tr> </tbody> </table> | | Nature of special circumstances | Amount of expense | a. | | \$ | b. | | \$ | c. | | \$ | Total: Add Lines a, b, and c | | \$ | \$ |
| | Nature of special circumstances | Amount of expense | | | | | | | | | | | | | | | |
| a. | | \$ | | | | | | | | | | | | | | | |
| b. | | \$ | | | | | | | | | | | | | | | |
| c. | | \$ | | | | | | | | | | | | | | | |
| Total: Add Lines a, b, and c | | \$ | | | | | | | | | | | | | | | |
| 58 | Total adjustments to determine disposable income. Add the amounts on Lines 54, 55, 56, and 57 and enter the result. | \$ | | | | | | | | | | | | | | | |
| 59 | Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result. | \$ | | | | | | | | | | | | | | | |

Part VI. ADDITIONAL EXPENSE CLAIMS

| 60 | <p>Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.</p> <table border="1"> <thead> <tr> <th></th> <th>Expense Description</th> <th>Monthly Amount</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td>\$</td> </tr> <tr> <td>b.</td> <td></td> <td>\$</td> </tr> <tr> <td>c.</td> <td></td> <td>\$</td> </tr> <tr> <td colspan="2">Total: Add Lines a, b and c</td> <td>\$</td> </tr> </tbody> </table> | | Expense Description | Monthly Amount | a. | | \$ | b. | | \$ | c. | | \$ | Total: Add Lines a, b and c | | \$ |
|-----------------------------|---|----------------|---------------------|----------------|----|--|----|----|--|----|----|--|----|-----------------------------|--|----|
| | Expense Description | Monthly Amount | | | | | | | | | | | | | | |
| a. | | \$ | | | | | | | | | | | | | | |
| b. | | \$ | | | | | | | | | | | | | | |
| c. | | \$ | | | | | | | | | | | | | | |
| Total: Add Lines a, b and c | | \$ | | | | | | | | | | | | | | |

Part VII. VERIFICATION

| | |
|----|---|
| 61 | <p>I declare under penalty of perjury that the information provided in this statement is true and correct. <i>(If this a joint case, both debtors must sign.)</i></p> <p>Date: <u>July 30, 2008</u> Signature: <u>/s/ Maria Delgado</u> (Debtor)</p> <p>Date: _____ Signature: _____ (Joint Debtor, if any)</p> |
|----|---|

| United States Bankruptcy Court Northern District of Illinois | | | | | | | Voluntary Petition | | |
|--|--|--|--|--|--|---|---------------------------|--|---|
| Name of Debtor (if individual, enter Last, First, Middle): Delgado, Maria | | | | Name of Joint Debtor (Spouse) (Last, First, Middle): | | | | | |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): | | | | All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): | | | | | |
| Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 6566 | | | | Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): | | | | | |
| Street Address of Debtor (No. & Street, City, State & Zip Code): 3250 Washington St Franklin Park, IL | | | | Street Address of Joint Debtor (No. & Street, City, State & Zip Code): | | | | | |
| ZIPCODE 60131 | | | | ZIPCODE | | | | | |
| County of Residence or of the Principal Place of Business: Cook | | | | County of Residence or of the Principal Place of Business: | | | | | |
| Mailing Address of Debtor (if different from street address) | | | | Mailing Address of Joint Debtor (if different from street address): | | | | | |
| ZIPCODE | | | | ZIPCODE | | | | | |
| Location of Principal Assets of Business Debtor (if different from street address above): | | | | | | | | | |
| ZIPCODE | | | | | | | | | |
| Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____ | | | Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other _____ Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code). | | | Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input checked="" type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding _____ Nature of Debts (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input type="checkbox"/> Debts are primarily business debts. | | | |
| Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B. | | | | | Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,190,000. ----- Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b). | | | | |
| Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors. | | | | | | | | | THIS SPACE IS FOR COURT USE ONLY |
| Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000 | | | | | | | | | |
| Estimated Assets <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1 million to \$10 million <input type="checkbox"/> \$10 million to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100 million to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion | | | | | | | | | |
| Estimated Liabilities <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1 million to \$10 million <input type="checkbox"/> \$10 million to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100 million to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion | | | | | | | | | |

| | | | |
|---|---------------------------------|--|--|
| Voluntary Petition <i>(This page must be completed and filed in every case)</i> | | Name of Debtor(s): Delgado, Maria | |
| Prior Bankruptcy Case Filed Within Last 8 Years (If more than two, attach additional sheet) | | | |
| Location Where Filed: Northern District Of Illinois | Case Number: 02-51272 | Date Filed: 12-31-2002 | |
| Location Where Filed: N/A | Case Number: | Date Filed: | |
| Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet) | | | |
| Name of Debtor: None | Case Number: | Date Filed: | |
| District: | Relationship: | Judge: | |
| <div style="text-align: center;">Exhibit A</div> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition. | | <div style="text-align: center;">Exhibit B</div> (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code. <div style="display: flex; justify-content: space-between;"> X /s/ Derek Lofland 7/30/08 </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Signature of Attorney for Debtor(s) Date </div> | |
| Exhibit C | | | |
| Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? | | | |
| <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No | | | |
| Exhibit D | | | |
| (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition. | | | |
| Information Regarding the Debtor - Venue (Check any applicable box.) | | | |
| <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. | | | |
| Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.) | | | |
| <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) <div style="text-align: center; margin-top: 10px;"> _____ (Name of landlord or lessor that obtained judgment) </div> <div style="text-align: center; margin-top: 10px;"> _____ (Address of landlord or lessor) </div> <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)). | | | |

| | | | |
|--|--|--|--|
| Voluntary Petition <i>(This page must be completed and filed in every case)</i> | | Name of Debtor(s): Delgado, Maria | |
| Signatures | | | |
| Signature(s) of Debtor(s) (Individual/Joint) I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. X <u>/s/ Maria Delgado</u> Signature of Debtor Maria Delgado X _____ Signature of Joint Debtor _____ Telephone Number (If not represented by attorney) July 30, 2008 Date | | Signature of a Foreign Representative I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only one box.) <input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached. <input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached. X _____ Signature of Foreign Representative _____ Printed Name of Foreign Representative _____ Date | |
| Signature of Attorney* X <u>/s/ Derek Lofland</u> Signature of Attorney for Debtor(s) Derek Lofland 6280490 Printed Name of Attorney for Debtor(s) Gleason & Gleason Firm Name 77 W Washington, Ste 1218 Address Chicago, IL 60602 (312) 578-9530 Telephone Number July 30, 2008 Date *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect. | | Signature of Non-Attorney Petition Preparer I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached. _____ Printed Name and title, if any, of Bankruptcy Petition Preparer _____ Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.) _____ Address X _____ Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above. _____ Date Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual: If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person. <i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.</i> | |
| Signature of Debtor (Corporation/Partnership) I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition. X _____ Signature of Authorized Individual _____ Printed Name of Authorized Individual _____ Title of Authorized Individual _____ Date | | | |

IN RE:

Delgado, Maria

Case No. _____

Chapter 13

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE
WITH CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.]*

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Maria Delgado

Date: July 30, 2008

**NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a “means test” designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in instalments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them,

using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

Certificate of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer
Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)
(Required by 11 U.S.C. § 110.)

X _____
Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

Certificate of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read this notice.

Delgado, Maria

Printed Name(s) of Debtor(s)

X /s/ Maria Delgado

Signature of Debtor

7/30/2008

Date

Case No. (if known) _____

X _____
Signature of Joint Debtor (if any) Date

IN RE:

Case No. _____

Delgado, Maria

Chapter **13**

Debtor(s)

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE | ATTACHED (YES/NO) | NUMBER OF SHEETS | ASSETS | LIABILITIES | OTHER |
|--|----------------------|---------------------|-------------|--------------|-------------|
| A - Real Property | Yes | 1 | \$ 0.00 | | |
| B - Personal Property | Yes | 3 | \$ 4,120.00 | | |
| C - Property Claimed as Exempt | Yes | 1 | | | |
| D - Creditors Holding Secured Claims | Yes | 1 | | \$ 0.00 | |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes | 1 | | \$ 0.00 | |
| F - Creditors Holding Unsecured Nonpriority Claims | Yes | 3 | | \$ 11,732.00 | |
| G - Executory Contracts and Unexpired Leases | Yes | 1 | | | |
| H - Codebtors | Yes | 1 | | | |
| I - Current Income of Individual Debtor(s) | Yes | 1 | | | \$ 1,772.14 |
| J - Current Expenditures of Individual Debtor(s) | Yes | 1 | | | \$ 1,632.00 |
| TOTAL | | 14 | \$ 4,120.00 | \$ 11,732.00 | |

IN RE:

Case No. _____

Delgado, Maria

Chapter 13

Debtor(s)

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability | Amount |
|---|----------------|
| Domestic Support Obligations (from Schedule E) | \$ 0.00 |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) | \$ 0.00 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | \$ 0.00 |
| Student Loan Obligations (from Schedule F) | \$ 0.00 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E | \$ 0.00 |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F) | \$ 0.00 |
| TOTAL | \$ 0.00 |

State the following:

| | |
|---|-------------|
| Average Income (from Schedule I, Line 16) | \$ 1,772.14 |
| Average Expenses (from Schedule J, Line 18) | \$ 1,632.00 |
| Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C Line 20) | \$ 2,310.19 |

State the following:

| | | |
|--|---------|--------------|
| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column | | \$ 0.00 |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column. | \$ 0.00 | |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column | | \$ 0.00 |
| 4. Total from Schedule F | | \$ 11,732.00 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4) | | \$ 11,732.00 |

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| DESCRIPTION AND LOCATION OF PROPERTY | NATURE OF DEBTOR'S INTEREST IN PROPERTY | HUSBAND, WIFE, JOINT, OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION | AMOUNT OF SECURED CLAIM |
|--------------------------------------|---|------------------------------------|---|-------------------------|
| None | | | | |
| TOTAL | | | 0.00 | |

(Report also on Summary of Schedules)

IN RE Delgado, Maria

Debtor(s)

Case No. _____

(If known)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

| TYPE OF PROPERTY | N O N E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT, OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|---|------------------|---|---------------------------------------|--|
| 1. Cash on hand. | | Cash on Hand | | 25.00 |
| 2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. | | Checking Account w/ TCF Bank | | 45.00 |
| | | Savings Account w/ TCF Bank | | 100.00 |
| 3. Security deposits with public utilities, telephone companies, landlords, and others. | X | | | |
| 4. Household goods and furnishings, include audio, video, and computer equipment. | | Misc Household Goods | | 1,100.00 |
| 5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. | | Books, Pictures, Cds, DVDs, and other Collectibles | | 250.00 |
| 6. Wearing apparel. | | Used Clothing | | 250.00 |
| 7. Furs and jewelry. | | Misc Costume Jewelry | | 50.00 |
| 8. Firearms and sports, photographic, and other hobby equipment. | X | | | |
| 9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. | | Term life - through work - No cash surrender value | | 0.00 |
| 10. Annuities. Itemize and name each issue. | X | | | |
| 11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X | | | |
| 12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars. | | 401(k) w/ Current Employer - 100% Exempt | | 300.00 |
| 13. Stock and interests in incorporated and unincorporated businesses. Itemize. | X | | | |
| 14. Interests in partnerships or joint ventures. Itemize. | X | | | |

IN RE Delgado, Maria

Case No.

Debtor(s)

(If known)

**SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)**

| TYPE OF PROPERTY | N O N E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT, OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|---|------------------|--|---------------------------------------|--|
| 15. Government and corporate bonds and other negotiable and non-negotiable instruments. | X | | | |
| 16. Accounts receivable. | X | | | |
| 17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars. | X | | | |
| 18. Other liquidated debts owed to debtor including tax refunds. Give particulars. | X | | | |
| 19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property. | X | | | |
| 20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust. | X | | | |
| 21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each. | | Workers Compensation Claim against Former Employer - Household Finance - Settlement still Pending - 100% Exempt | | unknown |
| 22. Patents, copyrights, and other intellectual property. Give particulars. | X | | | |
| 23. Licenses, franchises, and other general intangibles. Give particulars. | X | | | |
| 24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X | | | |
| 25. Automobiles, trucks, trailers, and other vehicles and accessories. | | 1996 Chevy Blazer | | 2,000.00 |
| 26. Boats, motors, and accessories. | X | | | |
| 27. Aircraft and accessories. | X | | | |
| 28. Office equipment, furnishings, and supplies. | X | | | |
| 29. Machinery, fixtures, equipment, and supplies used in business. | X | | | |
| 30. Inventory. | X | | | |
| 31. Animals. | X | | | |
| 32. Crops - growing or harvested. Give particulars. | X | | | |

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

| TYPE OF PROPERTY | N O N E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT, OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|---|------------------|--------------------------------------|---------------------------------------|--|
| 33. Farming equipment and implements. | X | | | |
| 34. Farm supplies, chemicals, and feed. | X | | | |
| 35. Other personal property of any kind not already listed. Itemize. | X | | | |
| TOTAL | | | | 4,120.00 |

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under:
 (Check one box)

☐ 11 U.S.C. § 522(b)(2)
 ☒ 11 U.S.C. § 522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

| DESCRIPTION OF PROPERTY | SPECIFY LAW PROVIDING EACH EXEMPTION | VALUE OF CLAIMED EXEMPTION | CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS |
|--|--------------------------------------|----------------------------|--|
| SCHEDULE B - PERSONAL PROPERTY | | | |
| Cash on Hand | 735 ILCS 5 §12-1001(b) | 25.00 | 25.00 |
| Checking Account w/ TCF Bank | 735 ILCS 5 §12-1001(b) | 45.00 | 45.00 |
| Savings Account w/ TCF Bank | 735 ILCS 5 §12-1001(b) | 100.00 | 100.00 |
| Misc Household Goods | 735 ILCS 5 §12-1001(b) | 1,100.00 | 1,100.00 |
| Books, Pictures, Cds, DVDs, and other Collectibles | 735 ILCS 5 §12-1001(b) | 250.00 | 250.00 |
| Used Clothing | 735 ILCS 5 §12-1001(a) | 250.00 | 250.00 |
| Misc Costume Jewelry | 735 ILCS 5 §12-1001(b) | 50.00 | 50.00 |
| 401(k) w/ Current Employer - 100% Exempt | 735 ILCS 5 §12-1006(a) | 300.00 | 300.00 |
| Workers Compenstation Claim against Former Employer - Household Finance - Settlement still Pending - 100% Exempt | 820 ILCS 305 §21 | 100% | unknown |
| 1996 Chevy Blazer | 735 ILCS 5 §12-1001(c) | 2,400.00 | 2,000.00 |

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i> | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
|---|---|--|------------|--------------|----------|---|------------------------------|
| ACCOUNT NO. | | | | | | | |
| | | Value \$ | | | | | |
| ACCOUNT NO. | | | | | | | |
| | | Value \$ | | | | | |
| ACCOUNT NO. | | | | | | | |
| | | Value \$ | | | | | |
| ACCOUNT NO. | | | | | | | |
| | | Value \$ | | | | | |
| Subtotal (Total of this page) | | | | | | \$ | \$ |
| Total (Use only on last page) | | | | | | \$ | \$ |

0 continuation sheets attached

(Report also on
Summary of
Schedules.)

(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

IN RE Delgado, Maria

Document

Page 23 of 66

Case No. _____

Debtor(s)

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

0 continuation sheets attached

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i> | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|---|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO. 5140218001 Barclays Bank Delaware 125 S West St Wilmington, DE 19801 | | Revolving account opened 6/06 | | | | 1,748.00 |
| ACCOUNT NO. Elmhurst Radiologists S.c. | | Open account opened 3/06 | | | | 215.00 |
| ACCOUNT NO. Northwest Collectors 3601 Algonquin Rd Ste 23 Rolling Meadows, IL 60008 | | Assignee or other notification for: Elmhurst Radiologists S.c. | | | | |
| ACCOUNT NO. Exelon Comed | | Open account opened 8/02 | | | | 176.00 |
| Subtotal (Total of this page) | | | | | | \$ 2,139.00 |
| Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) | | | | | | \$ |

2 continuation sheets attached

IN RE Delgado, Maria

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|---|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO. Harvard Collection 4839 N Elston Ave Chicago, IL 60630 | | Assignee or other notification for: Exelon Comed | | | | |
| ACCOUNT NO. 126104 Gemb/jcp Po Box 984100 El Paso, TX 79998 | | Revolving account opened 8/98 | | | | 609.00 |
| ACCOUNT NO. 6032201405394761 Gemb/walmart Po Box 981400 El Paso, TX 79998 | | Revolving account opened 11/05 | | | | 1,628.00 |
| ACCOUNT NO. 5406330007822661 Hsbc Bank Po Box 5253 Carol Stream, IL 60197 | | Revolving account opened 10/04 | | | | 1,473.00 |
| ACCOUNT NO. 5489555110750330 Hsbc Bank Po Box 5253 Carol Stream, IL 60197 | | Revolving account opened 10/04 | | | | 1,890.00 |
| ACCOUNT NO. 1267627071 Hsbc/carsn Po Box 15521 Wilmington, DE 19805 | | Revolving account opened 9/06 | | | | 212.00 |
| ACCOUNT NO. 517805260802 Lvnv Funding P.o. B 10584 Greenville, SC 29603 | | Open account opened 2/08 | | | | 1,498.00 |

Sheet no. 1 of 2 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page)\$ **7,310.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)

\$

IN RE Delgado, Maria

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|---|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO. 4120613074001600 Merrick Bank Po Box 5000 Draper, UT 84020 | | Revolving account opened 8/06 | | | | 2,132.00 |
| ACCOUNT NO. 353513520 Tnb - Target Po Box 673 Minneapolis, MN 55440 | | Revolving account opened 12/05 | | | | 151.00 |
| ACCOUNT NO. | | | | | | |
| ACCOUNT NO. | | | | | | |
| ACCOUNT NO. | | | | | | |
| ACCOUNT NO. | | | | | | |
| ACCOUNT NO. | | | | | | |

Sheet no. 2 of 2 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **2,283.00**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$ **11,732.00**

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

| NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT | DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT. |
|---|--|
| | |

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

| NAME AND ADDRESS OF CODEBTOR | NAME AND ADDRESS OF CREDITOR |
|------------------------------|------------------------------|
| | |

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on From 22A, 22B, or 22C.

| | | |
|--|--|---------------------|
| Debtor's Marital Status Single | DEPENDENTS OF DEBTOR AND SPOUSE | |
| | RELATIONSHIP(S): Son | AGE(S): 8 |
| EMPLOYMENT: | | |
| DEBTOR | | SPOUSE |
| Occupation Name of Employer How long employed Address of Employer | CSR TCF 6 months 800 Burr Ridge Pkwy Burr Ridge, IL 60527 | |

| | | |
|--|--------------------|-----------|
| INCOME: (Estimate of average or projected monthly income at time case filed) | DEBTOR | SPOUSE |
| 1. Current monthly gross wages, salary, and commissions (prorate if not paid monthly) | \$ 2,310.19 | \$ |
| 2. Estimated monthly overtime | \$ | \$ |
| 3. SUBTOTAL | \$ 2,310.19 | |
| 4. LESS PAYROLL DEDUCTIONS | | |
| a. Payroll taxes and Social Security | \$ 384.17 | \$ |
| b. Insurance | \$ 153.88 | \$ |
| c. Union dues | \$ | \$ |
| d. Other (specify) | \$ | \$ |
| 5. SUBTOTAL OF PAYROLL DEDUCTIONS | \$ 538.05 | |
| 6. TOTAL NET MONTHLY TAKE HOME PAY | \$ 1,772.14 | |
| 7. Regular income from operation of business or profession or farm (attach detailed statement) | \$ | \$ |
| 8. Income from real property | \$ | \$ |
| 9. Interest and dividends | \$ | \$ |
| 10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above | \$ | \$ |
| 11. Social Security or other government assistance (Specify) | \$ | \$ |
| 12. Pension or retirement income | \$ | \$ |
| 13. Other monthly income (Specify) | \$ | \$ |
| 14. SUBTOTAL OF LINES 7 THROUGH 13 | \$ | \$ |
| 15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14) | \$ 1,772.14 | |
| 16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15) | \$ 1,772.14 | |

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:
None

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

| | |
|---|-----------|
| 1. Rent or home mortgage payment (include lot rented for mobile home) | \$ 500.00 |
| a. Are real estate taxes included? Yes No <input checked="" type="checkbox"/> | |
| b. Is property insurance included? Yes No <input checked="" type="checkbox"/> | |
| 2. Utilities: | |
| a. Electricity and heating fuel | \$ |
| b. Water and sewer | \$ |
| c. Telephone | \$ |
| d. Other Cell Phone | \$ 100.00 |
| Cable And Internet | \$ 80.00 |
| 3. Home maintenance (repairs and upkeep) | \$ |
| 4. Food | \$ 325.00 |
| 5. Clothing | \$ 90.00 |
| 6. Laundry and dry cleaning | \$ 27.00 |
| 7. Medical and dental expenses | \$ 25.00 |
| 8. Transportation (not including car payments) | \$ 175.00 |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc. | \$ |
| 10. Charitable contributions | \$ |
| 11. Insurance (not deducted from wages or included in home mortgage payments) | |
| a. Homeowner's or renter's | \$ |
| b. Life | \$ |
| c. Health | \$ |
| d. Auto | \$ 60.00 |
| e. Other | \$ |
| 12. Taxes (not deducted from wages or included in home mortgage payments) | |
| (Specify) | \$ |
| 13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan) | |
| a. Auto | \$ |
| b. Other | \$ |
| 14. Alimony, maintenance, and support paid to others | \$ |
| 15. Payments for support of additional dependents not living at your home | \$ |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) | \$ |
| 17. Other Child Care | \$ 200.00 |
| Personal Care And Grooming | \$ 50.00 |

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.

\$ 1,632.00

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:

None

| | |
|--|-------------|
| 20. STATEMENT OF MONTHLY NET INCOME | |
| a. Average monthly income from Line 15 of Schedule I | \$ 1,772.14 |
| b. Average monthly expenses from Line 18 above | \$ 1,632.00 |
| c. Monthly net income (a. minus b.) | \$ 140.14 |

IN RE Delgado, Maria

Debtor(s)

Case No.

(If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 16 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: July 30, 2008 Signature: /s/ Maria Delgado
Maria Delgado

Debtor

Date: _____ Signature: _____
(Joint Debtor, if any)

[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the _____ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the _____ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: _____ Signature: _____

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

IN RE:

Delgado, Maria

Case No. _____

Chapter 13

Debtor(s)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

- None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| AMOUNT | SOURCE |
|-----------|---------------------------------------|
| 24,999.00 | 2006 income from employment |
| 21,682.00 | 2007 income from employment |
| 2,310.19 | 2008 income from employment (monthly) |

2. Income other than from employment or operation of business

- None ☐ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| AMOUNT | SOURCE |
|----------|-------------------------|
| 5,467.00 | 2007 income from 401(k) |

3. Payments to creditors

Complete a. or b., as appropriate, and c.

- None ☒ a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| CAPTION OF SUIT AND CASE NUMBER | NATURE OF PROCEEDING | COURT OR AGENCY AND LOCATION | STATUS OR DISPOSITION |
|---|----------------------|---------------------------------|--------------------------|
| Household Finance v. Debtor 08 M1 133227 | Collection | Circuit Court of Cook County | Judgment for Plaintiff |

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

| NAME AND ADDRESS OF PAYEE | DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR | AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY |
|---|--|---|
| Gleason & Gleason 77 W Washington, Ste 1218 Chicago, IL 60602 | 5/19/2008 | |

10. Other transfers

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF INSTITUTION | TYPE AND NUMBER OF ACCOUNT AND AMOUNT OF FINAL BALANCE | AMOUNT AND DATE OF SALE OR CLOSING |
|---------------------------------|---|---------------------------------------|
| 401(K) | 401(k) Retirement Account | \$5467.00 closed in 10/2007 |

12. Safe deposit boxes

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

None ☒ List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

None ☒ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

16. Spouses and Former Spouses

None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

None ☒ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: July 30, 2008 Signature /s/ Maria Delgado
of Debtor **Maria Delgado**

Date: _____ Signature _____
of Joint Debtor
(if any)

_____ **0** continuation pages attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

IN RE:

Case No. _____

Delgado, Maria

Chapter 13

Debtor(s)

VERIFICATION OF CREDITOR MATRIX

Number of Creditors 10

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: July 30, 2008

/s/ Maria Delgado

Debtor

Joint Debtor

IN RE:

Case No. _____

Delgado, Maria

Chapter **13**

Debtor(s)

**RIGHTS AND RESPONSIBILITIES AGREEMENT
BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS**

(Model Retention Agreement, revised as of May 1, 2007)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure—but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from by their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved the following agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys. By signing this agreement, debtors and their attorneys accept these responsibilities.

BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

1. Discuss with the attorney the debtor's objectives in filing the case.
2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
6. Advise the debtor of the need to maintain appropriate insurance.

AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor will also

bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.

3. Notify the attorney of any change in the debtor's address or telephone number.
4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
7. Timely prepare, file, and serve any necessary statements, amended statements and schedules and any change of address, in accordance with information provided by the debtor.
8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
9. Be available to respond to the debtor's questions throughout the term of the plan.
10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
12. Object to improper or invalid claims.
13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
14. Timely respond to motions for relief from stay.
15. Prepare, file, and serve all appropriate motions to avoid liens.
16. Provide any other legal services necessary for the administration of the case.
17. In the event that the case is converted to Chapter 7, provide any other legal services which may be necessary consistent with the attorney's responsibilities under Local Bankruptcy Rule 2090-5, with such additional fees as may be appropriate.

ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES

1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a fee of

\$ 3,500.00 .

In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

2. *Early termination of the case.* Fees payable under the provisions set out above are not refundable in the event that the case is dismissed, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If a dismissal is due to such a failure by the attorney, the court may order a refund of fees on motion by the debtor.

3. *Retainers.* The attorney may receive a retainer or other payment before filing the case, but may not receive fees directly from the debtor after the filing of the case. In any application for fees, whether or not requiring an itemization, the attorney shall disclose to the court any fees paid by the debtor prior to the case filing.

4. *Improper conduct by the attorney.* If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.

5. *Improper conduct by the debtor.* If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise not engaging in proper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.

6. *Discharge of the attorney.* The debtor may discharge the attorney at any time.

Date: July 30, 2008

Signed:

/s/ Maria Delgado

Debtor

Joint Debtor

/s/ Derek Lofland

Attorney

Do not sign if the fee amount at top of this page is blank.

Delgado, Maria
3250 Washington St
Franklin Park, IL 60131

Northwest Collectors
3601 Algonquin Rd Ste 23
Rolling Meadows, IL 60008

Gleason & Gleason
77 W Washington, Ste 1218
Chicago, IL 60602

Tnb - Target
Po Box 673
Minneapolis, MN 55440

Barclays Bank Delaware
125 S West St
Wilmington, DE 19801

Gemb/jcp
Po Box 984100
El Paso, TX 79998

Gemb/walmart
Po Box 981400
El Paso, TX 79998

Harvard Collection
4839 N Elston Ave
Chicago, IL 60630

Hsbc Bank
Po Box 5253
Carol Stream, IL 60197

Hsbc/carsn
Po Box 15521
Wilmington, DE 19805

Lvnv Funding
P.o. B 10584
Greenville, SC 29603

Merrick Bank
Po Box 5000
Draper, UT 84020

TCF

TCF NATIONAL BANK
800 BURR RIDGE PARKWAY
BURR RIDGE, IL 60521

CHECK NO: A796436
CHECK DATE: 10/26/07
PERIOD ENDING: 10/27/07
PAY FREQUENCY: BIWEEKLY

DELGADO, MARIA G
3250 WASHINGTON ST
FRANKLIN PRK, IL 60131

ID NUMBER: P002406616
BASE RATE: 938.40
SSN:

STATUS: MARRIED
EXEMPT: 00
FED: \$.00
ST1: 00
ST2:

TAX ADJUSTMENTS
FED: \$.00
ST: \$.00
DI/UC:
LOCAL:

STATE AND LOCAL CODES
PRI: IL LOC1: LOC3:
SEC: LOC2: LOC4:
LOC5:

IMPORTANT MESSAGE

HOURS AND EARNINGS

TAXES AND DEDUCTIONS

SPECIAL INFORMATION

| DESCRIPTION | CURRENT HOURS/UNITS | EARNINGS | Y-T-D HOURS/UNITS | EARNINGS |
|----------------------|------------------------|----------|----------------------|----------|
| REG | 11.7300 | 74.00 | | 868.02 |
| REG | | | 154.00 | 1806.42 |
| TOTAL H/E | | | | |
| | 74.00 | 868.02 | 154.00 | 1806.42 |
| PRE-TAX ITEMS | | | | |

| DESCRIPTION | CURRENT AMOUNT | Y-T-D AMOUNT |
|-----------------------------|-------------------|-----------------|
| SO SEC TAX | 53.82 | 112.00 |
| MEDICARE TAX | 12.58 | 26.19 |
| FED INC TAX | 56.03 | 121.12 |
| PRI-STATE TAX | 26.04 | 54.19 |
| TOTAL TAXES | | |
| | 148.47 | 313.50 |
| AFTER-TAX DEDUCTIONS | | |

LAWSON ID# 103895

CURRENT NET PAY DISTRIBUTION
C 6876125914 719.55
CHECK AMOUNT .00

| | | | | | | |
|----------------------|---------|---------|---------------|------------|------------------------------|------------|
| TOTAL PRE-TAX | | | | | | |
| TOTAL | 74.00 | 868.02 | 154.00 | 1806.42 | TOTAL PER DED | |
| | GROSS | PRE-TAX | TAXABLE WAGES | LESS TAXES | LESS DEDS | EQ NET PAY |
| CURRENT | 868.02 | .00 | 868.02 | 148.47 | .00 | 719.55 |
| Y-T-D | 1806.42 | .00 | 1806.42 | 313.50 | .00 | 1492.92 |
| | | | | | TOTAL CURRENT NET PAY | |
| | | | | | 719.55 | |

Statement Of Earnings

Detach at perforation below and keep for your records.

A Payroll Service By Ceridian

TCF

TCF NATIONAL BANK
800 BURR RIDGE PARKWAY
BURR RIDGE, IL 60521

069-P

DATE: 10-26-07

CHECK NO: A796436

YOUR ENTIRE NET PAY HAS BEEN DEPOSITED IN YOUR BANK ACCOUNT(S). PLEASE REVIEW THE "CURRENT NET PAY DISTRIBUTION" SECTION OF YOUR STATEMENT OF EARNINGS FOR DETAILS.

DELGADO, MARIA G
3250 WASHINGTON ST
FRANKLIN PRK, IL 60131

NOT NEGOTIABLE

THE FACE OF THIS DOCUMENT HAS A MULTI-COLORED BACKGROUND ON WHITE PAPER AS WELL AS NUMEROUS OTHER SECURITY FEATURES

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|---|---------------------------------|--|---|--|-----------------|
| | | TCF NATIONAL BANK 800 BURR RIDGE PARKWAY BURR RIDGE, IL 60521 | | CHECK NO: A799624 CHECK DATE: 11/09/07 PERIOD ENDING: 11/10/07 PAY FREQUENCY: BIWEEKLY | |
| DELGADO, MARIA G 3250 WASHINGTON ST FRANKLIN PRK, IL 60131 | | ID NUMBER: P002406618 BASE RATE: 938.40 SSN: | | STATUS: MARRIED EXEMPT: 00 TAX ADJUSTMENTS: FED: \$.00 ST: \$.00 DI/UC: 00 LOCAL: | |
| STATE AND LOCAL CODES PRI: IL LOC1: LOC3: SEC: LOC2: LOC4: LOC5: | | | | | |
| IMPORTANT MESSAGE | | | | | |
| HOURS AND EARNINGS | | TAXES AND DEDUCTIONS | | SPECIAL INFORMATION | |
| DESCRIPTION | CURRENT HOURS/UNITS EARNINGS | Y-T-D HOURS/UNITS EARNINGS | DESCRIPTION | CURRENT AMOUNT | Y-T-D AMOUNT |
| REG | 11.7300 80.00 938.40 | | SO SEC TAX | 54.12 | 166.12 |
| REG | | 234.00 2744.82 | MEDICARE TAX | 12.66 | 38.85 |
| | | | FED INC TAX | 56.53 | 177.65 |
| | | | PRI-STATE TAX | 26.19 | 80.38 |
| | | | TOTAL TAXES 149.50 463.00 AFTER-TAX DEDUCTIONS | | |
| TOTAL H/E 80.00 938.40 234.00 2744.82 PRE-TAX ITEMS | | | | | |
| DENTL | | | | 11.52- | 11.52- |
| MDPRE | | | | 53.92- | 53.92- |
| TOTAL PRE-TAX 65.44- 65.44- | | | | | |
| TOTAL 80.00 872.96 234.00 2679.38 | | | TOTAL PER DED | | |
| | GROSS | PRE-TAX | TAXABLE WAGES | LESS TAXES | LESS DEDS |
| CURRENT | 938.40 | 65.44- | 872.96 | 149.50 | .00 |
| Y-T-D | 2744.82 | 65.44- | 2679.38 | 463.00 | .00 |
| | | | | | EQ NET PAY |
| | | | | | 723.46 |
| TOTAL CURRENT NET PAY | | | | | 723.46 |

Statement Of Earnings

Detach at perforation below and keep for your records.

A Payroll Service By Ceridian

TCF

TCF NATIONAL BANK
 800 BURR RIDGE PARKWAY
 BURR RIDGE, IL 60521

069-P

DATE: 11-09-07

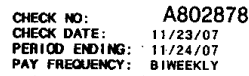
CHECK NO: A799624

YOUR ENTIRE NET PAY HAS BEEN DEPOSITED IN YOUR BANK ACCOUNT(S). PLEASE REVIEW THE "CURRENT NET PAY DISTRIBUTION" SECTION OF YOUR STATEMENT OF EARNINGS FOR DETAILS.

DELGADO, MARIA G
 3250 WASHINGTON ST
 FRANKLIN PRK, IL 60131

NOT NEGOTIABLE

THE FACE OF THIS DOCUMENT HAS A MULTI-COLORED BACKGROUND ON WHITE PAPER AS WELL AS NUMEROUS OTHER SECURITY FEATURES



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STATE AND LOCAL CODES
PRI:  1L  LOC1:  LOC3:
SEC:    LOC2:  LOC4:
                     LOC5:

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| TOTAL CURRENT NET PAY | 590.8 |
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|--|---------------------------------|--|---|---|-------------------------------------|
| | | TCF NATIONAL BANK 800 BURR RIDGE PARKWAY BURR RIDGE, IL 60521 | | CHECK NO: A806090 CHECK DATE: 12/07/07 PERIOD ENDING: 12/08/07 PAY FREQUENCY: BIWEEKLY | |
| DELGADO, MARIA G 3250 WASHINGTON ST FRANKLIN PRK, IL 60131 | | ID NUMBER: P002406616 BASE RATE: 938.40 SSN: | | STATUS: MARRIED EXEMPT: 00 FED: \$.00 ST: \$.00 D1/UC: LOCAL: | |
| STATE AND LOCAL CODES PRI: IL LOC1: LOC3: SEC: LOC2: LOC4: LOC5: | | | | | |
| IMPORTANT MESSAGE | | | | | |
| HOURS AND EARNINGS | | TAXES AND DEDUCTIONS | | SPECIAL INFORMATION | |
| DESCRIPTION | CURRENT HOURS/UNITS EARNINGS | Y-T-D HOURS/UNITS EARNINGS | DESCRIPTION | CURRENT AMOUNT | Y-T-D AMOUNT |
| REG 11.7300 | 80.08 939.34 | | SO SEC TAX | 54.18 | 274.43 |
| REG | | 394.08 4622.56 | MEDICARE TAX | 12.67 | 64.18 |
| | | | FED INC TAX | 52.86 | 283.28 |
| | | | PRI-STATE TAX | 25.09 | 130.53 |
| | | | TOTAL TAXES 144.80 752.42 AFTER-TAX DEDUCTIONS | | |
| TOTAL H/E 80.08 939.34 394.08 4622.56 | | | | | |
| PRE-TAX ITEMS | | | | | |
| 401K1 | 37.57- | 75.11- | | | |
| DENTL | 11.52- | 34.56- | | | |
| MDPRE | 53.92- | 161.76- | | | |
| TOTAL PRE-TAX 103.01- 271.43- | | | | | |
| TOTAL 80.08 836.33 394.08 4351.13 | | | TOTAL PER DED | | |
| GROSS PRE-TAX TAXABLE WAGES LESS TAXES LESS DEDS EQ NET PAY | | | | | |
| CURRENT | 939.34 | 103.01- | 836.33 | 144.80 | 691.53 |
| Y-T-D | 4622.56 | 271.43- | 4351.13 | 752.42 | 3598.71 |
| | | | | | TOTAL CURRENT NET PAY 691.53 |

Statement Of Earnings Detach at perforation below and keep for your records. A Payroll Service By Ceridian



TCF NATIONAL BANK
 800 BURR RIDGE PARKWAY
 BURR RIDGE, IL 60521

069-P

DATE: 12-07-07 CHECK NO: A806090

YOUR ENTIRE NET PAY HAS BEEN DEPOSITED IN YOUR BANK ACCOUNT(S). PLEASE REVIEW THE "CURRENT NET PAY DISTRIBUTION" SECTION OF YOUR STATEMENT OF EARNINGS FOR DETAILS.

DELGADO, MARIA G
 3250 WASHINGTON ST
 FRANKLIN PRK, IL 60131

NOT NEGOTIABLE

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CHECK NO: A809371
CHECK DATE: 12/21/07
PERIOD ENDING: 12/22/07
PAY FREQUENCY: BIWEEKLY

| STATE AND LOCAL CODES | | |
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| PRI: 1L | LOC1: | LOC3: |
| SEC: | LOC2: | LOC4: |
| | | LOC5: |

IMPORTANT MESSAGE

[illegible]

A Payroll Service By Ceridian

TCF NATIONAL BANK
800 BURR RIDGE PARKWAY
BURR RIDGE, IL 60521

069-P

CHECK NO: A809371

YOUR ENTIRE NET PAY HAS BEEN DEPOSITED IN YOUR BANK ACCOUNT(S). PLEASE REVIEW THE "CURRENT NET PAY DISTRIBUTION" SECTION OF YOUR STATEMENT OF EARNINGS FOR DETAILS.

NOT NEGOTIABLE

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| | | TCF NATIONAL BANK 800 BURR RIDGE PARKWAY BURR RIDGE, IL 60521 | | CHECK NO: A812661 CHECK DATE: 01/04/08 PERIOD ENDING: 01/05/08 PAY FREQUENCY: BIWEEKLY | |
| DELGADO, MARIA G 3250 WASHINGTON ST FRANKLIN PRK, IL 60131 | | ID NUMBER: P002406616 BASE RATE: 938.40 SSN: | | STATUS: MARRIED ST1: 00 ST2: | |
| | | IMPORTANT MESSAGE | | | |
| HOURS AND EARNINGS | | TAXES AND DEDUCTIONS | | SPECIAL INFORMATION | |
| DESCRIPTION | CURRENT HOURS/UNITS EARNINGS | Y-T-D HOURS/UNITS EARNINGS | DESCRIPTION | CURRENT AMOUNT | Y-T-D AMOUNT |
| REG | 11.7300 53.25 624.62 | | SO SEC TAX | 45.96 | 45.96 |
| VAC | 11.7300 16.00 187.68 | | MEDICARE TAX | 10.75 | 10.75 |
| REG | | 53.25 624.62 | FED INC TAX | 40.11 | 40.11 |
| VAC | | 16.00 187.68 | PRI-STATE TAX | 21.26 | 21.26 |
| | | | TOTAL TAXES 118.08 118.08 AFTER-TAX DEDUCTIONS | | |
| TOTAL H/E | | | | | |
| PRE-TAX ITEMS | | | | | |
| 401K1 | | 32.48- | | | |
| DENTL | | 14.40- | | | |
| MDPRE | | 56.62- | | | |
| TOTAL PRE-TAX | | | | | |
| 103.51- | | | 103.51- | | |
| TOTAL | | | TOTAL PER DED | | |
| GROSS PRE-TAX TAXABLE WAGES LESS TAXES | | | LESS DEDS EQ NET PAY | | |
| CURRENT | 812.30 | 103.51- | 708.79 | 118.08 | .00 590.71 |
| Y-T-D | 812.30 | 103.51- | 708.79 | 118.08 | .00 590.71 |
| | | | TOTAL CURRENT NET PAY 590.71 | | |

Statement Of Earnings Detach at perforation below and keep for your records. A Payroll Service By Ceridian

TCF

TCF NATIONAL BANK
 800 BURR RIDGE PARKWAY
 BURR RIDGE, IL 60521

069-P

DATE: 01-04-08 CHECK NO: A812661

YOUR ENTIRE NET PAY HAS BEEN DEPOSITED IN YOUR BANK ACCOUNT(S). PLEASE REVIEW THE "CURRENT NET PAY DISTRIBUTION" SECTION OF YOUR STATEMENT OF EARNINGS FOR DETAILS.

DELGADO, MARIA G
 3250 WASHINGTON ST
 FRANKLIN PRK, IL 60131

NOT NEGOTIABLE

THE FACE OF THIS DOCUMENT HAS A MULTI-COLORED BACKGROUND ON WHITE PAPER AS WELL AS NUMEROUS OTHER SECURITY FEATURES

3250 WASHINGTON ST

TCF

TCF NATIONAL BANK
800 BURR RIDGE PARKWAY
BURR RIDGE, IL 60521

CHECK NO: A822379
CHECK DATE: 02/15/08
PERIOD ENDING: 02/16/08
PAY FREQUENCY: BIWEEKLY

DELGADO, MARIA G
3250 WASHINGTON ST
FRANKLIN PRK, IL 60131

ID NUMBER: P002406616 STATUS EXEMPT TAX ADJUSTMENTS STATE AND LOCAL CODES
BASE RATE: 938.40 FED: MARRIED 00 FED: \$.00 ST: \$.00 PRI: IL LOC1: LOC3:
SSN: ST2: 00 DI/UC: SEC: LOC2: LOC4:
LOCAL: LOC6:

IMPORTANT MESSAGE

HOURS AND EARNINGS

TAXES AND DEDUCTIONS

SPECIAL INFORMATION

| CURRENT | | | | Y-T-D | | CURRENT | | | | Y-T-D | |
|---------------|-------------|----------|--------|-------------|----------|----------------------|--------|--------|--------|-------|-------------------|
| DESCRIPTION | HOURS/UNITS | EARNINGS | | HOURS/UNITS | EARNINGS | DESCRIPTION | AMOUNT | | AMOUNT | | |
| REG | 11.7300 | 88.00 | 797.64 | | | SO SEC TAX | 53.77 | 236.81 | | | LAWSON ID# 103895 |
| PTD F | 11.7300 | 12.00 | 140.76 | | | MEDICARE TAX | 12.57 | 55.38 | | | |
| REG | | | | 280.75 | 3293.20 | FED INC TAX | 55.03 | 273.52 | | | |
| VAC | | | | 16.00 | 187.68 | PRI-STATE TAX | 25.74 | 112.62 | | | |
| PTO FULL TIME | | | | 12.00 | 140.76 | | | | | | |
| INCEN | | | | | 482.00 | | | | | | |
| | | | | | | TOTAL TAXES | 147.11 | 678.33 | | | |
| | | | | | | AFTER-TAX DEDUCTIONS | | | | | |
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CHECK NO: A825594
CHECK DATE: 02/29/08
PERIOD ENDING: 03/01/08
PAY FREQUENCY: BIWEEKLY

| STATE AND LOCAL CODES | | |
|-----------------------|-------|-------|
| PRI: 11 | LOC1: | LOC3: |
| SEC: | LOC2: | LOC4: |
| | | LOC5: |

SPECIAL INFORMATION

[illegible]

Statement Of Earnings

Detach at perforation below and keep for your records.

A Payroll Service By Ceridian

TCF NATIONAL BANK
800 BURR RIDGE PARKWAY
BURR RIDGE, IL 60521

069-P

DATE: 02-29-08

CHECK NO: A825594

YOUR ENTIRE NET PAY HAS BEEN DEPOSITED IN YOUR BANK ACCOUNT(S). PLEASE REVIEW
THE "CURRENT NET PAY DISTRIBUTION" SECTION OF YOUR STATEMENT OF EARNINGS FOR DETAILS.

DELGADO, MARIA G
3250 WASHINGTON ST
FRANKLIN PRK, IL 60131

NOT NEGOTIABLE

TCFTCF NATIONAL BANK
800 BURR RIDGE PARKWAY
BURR RIDGE, IL 60521CHECK NO: A828954
CHECK DATE: 03/14/08
PERIOD ENDING: 03/15/08
PAY FREQUENCY: BIWEEKLYDELGADO, MARIA G
1250 WASHINGTON ST
FRANKLIN PRK, IL 60131

| ID NUMBER: | STATUS | EXEMPT | TAX ADJUSTMENTS | STATE AND LOCAL CODES |
|-------------------|--------------|--------|------------------------|-----------------------|
| P002406616 | FED: MARRIED | 00 | FED: \$.00 ST: \$.00 | PRI: IL LOC1: LOC3: |
| BASE RATE: 938.40 | ST1: | 00 | D1/UC: | SEC: LOC2: LOC4: |
| SSN: | ST2: | | LOCAL: | LOC5: |

IMPORTANT MESSAGE

HOURS AND EARNINGS

TAXES AND DEDUCTIONS

SPECIAL INFORMATION

| CURRENT | | | Y-T-D | | DESCRIPTION | CURRENT | | Y-T-D | | LAWSON ID# |
|--------------|-------------|----------|-------------|----------|----------------------|---------|--|---------|--|------------|
| DESCRIPTION | HOURS/UNITS | EARNINGS | HOURS/UNITS | EARNINGS | | AMOUNT | | AMOUNT | | |
| REG | 11.7300 | 69.00 | 809.37 | | SO SEC TAX | 58.32 | | 356.84 | | 103895 |
| TO F | 11.7300 | 17.25 | 202.34 | | MEDICARE TAX | 13.64 | | 83.45 | | |
| REG | | | 429.75 | 5040.97 | FED INC TAX | 63.53 | | 408.68 | | |
| AC | | | 16.00 | 187.68 | PRI-STATE TAX | 27.92 | | 170.08 | | |
| TO FULL TIME | | | 29.25 | 343.10 | | | | | | |
| T | | | 6.25 | 111.84 | | | | | | |
| NCEN | | | | 498.00 | | | | | | |
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CURRENT NET PAY DISTRIBUTION
C 6876125614 767.16
CHECK AMOUNT .00

Statement Of Earnings

Detach at perforation below and keep for your records.

A Payroll Service By Ceridian

TCFTCF NATIONAL BANK
800 BURR RIDGE PARKWAY
BURR RIDGE, IL 60521

069-P

DATE: 03-14-08

CHECK NO: A828954

OUR ENTIRE NET PAY HAS BEEN DEPOSITED IN YOUR BANK ACCOUNT(S). PLEASE REVIEW
THE "CURRENT NET PAY DISTRIBUTION" SECTION OF YOUR STATEMENT OF EARNINGS FOR DETAILS.DELGADO, MARIA G
3250 WASHINGTON ST
FRANKLIN PRK, IL 60131

NOT NEGOTIABLE

THIS PAGE OF THIS DOCUMENT HAS A MULTI-COLORED BACKGROUND ON WHITE PAPER AS WELL AS NUMEROUS OTHER SECURITY FEATURES

TCFTCF NATIONAL BANK
800 BURR RIDGE PARKWAY
BURR RIDGE, IL 60521CHECK NO: A832238
CHECK DATE: 03/28/08
PERIOD ENDING: 03/29/08
PAY FREQUENCY: BIWEEKLYDELGADO, MARIA G
350 WASHINGTON ST
FRANKLIN PRK, IL 60131

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|-----------------------|-----------------|------------|---|--|
| ID NUMBER: P002406616 | STATUS: MARRIED | EXEMPT: 00 | TAX ADJUSTMENTS: FED: \$.00 ST: \$.00 | STATE AND LOCAL CODES: PRI: IL LOC1: LOC3: |
| BASE RATE: 938.40 | ST1: 00 | | D1/UC: 00 | SEC: LOC2: LOC4: |
| SSN: | ST2: | | LOCAL: | LOC6: |

IMPORTANT MESSAGE

HOURS AND EARNINGS

TAXES AND DEDUCTIONS

SPECIAL INFORMATION

| CURRENT | | | | Y-T-D | | CURRENT | | | | Y-T-D | | LAWSON ID# | 103895 |
|--------------|-------------|----------|-------------|----------|---------------|----------------------|--------|---------|--------|-------|--|------------|--------|
| DESCRIPTION | HOURS/UNITS | EARNINGS | HOURS/UNITS | EARNINGS | DESCRIPTION | AMOUNT | AMOUNT | AMOUNT | AMOUNT | | | | |
| REG | 11.7300 | 64.00 | | 750.72 | SO SEC TAX | 65.49 | 422.33 | | | | | | |
| TO F | 11.7300 | 16.00 | | 187.68 | MEDICARE TAX | 15.32 | 98.77 | | | | | | |
| ICEN | | | | 189.00 | FED INC TAX | 80.71 | 489.39 | | | | | | |
| REG | | | 493.75 | 5791.69 | PRI-STATE TAX | 31.35 | 201.43 | | | | | | |
| IC | | | 16.00 | 187.68 | | | | | | | | | |
| TO FULL TIME | | | 45.25 | 530.78 | | | | | | | | | |
| ICEN | | | 6.25 | 111.84 | | | | | | | | | |
| | | | | 687.00 | | | | | | | | | |
| | | | | | | TOTAL TAXES | 192.87 | 1211.92 | | | | | |
| | | | | | | AFTER-TAX DEDUCTIONS | | | | | | | |
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CURRENT NET PAY DISTRIBUTION
C 6876125914 852.24
CHECK AMOUNT .00

Statement Of Earnings

Detach at perforation below and keep for your records.

A Payroll Service By Ceridian

TCFTCF NATIONAL BANK
800 BURR RIDGE PARKWAY
BURR RIDGE, IL 60521

DATE: 03-28-08

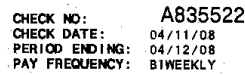
CHECK NO: A832238

YOUR ENTIRE NET PAY HAS BEEN DEPOSITED IN YOUR BANK ACCOUNT(S). PLEASE REVIEW
THE "CURRENT NET PAY DISTRIBUTION" SECTION OF YOUR STATEMENT OF EARNINGS FOR DETAILS.DELGADO, MARIA G
3250 WASHINGTON ST
FRANKLIN PRK, IL 60131

NOT NEGOTIABLE

069-D

THE BACK OF THIS CHECK IS VOID. IT IS NOT VALID FOR DEPOSIT OR CASHING. IT IS NOT VALID FOR DEPOSIT OR CASHING.



STATE AND LOCAL CODES

| | | |
|---------|-------|-------|
| PRI: IL | LOC1: | LOC3: |
| SEC: | LOC2: | LOC4: |
| | | LOC5: |

NOT NEGOTIABLE

CHECK NO: A838783
CHECK DATE: 04/25/08
PERIOD ENDING: 04/26/08
PAY FREQUENCY: BIWEEKLY

| | | <u>STATUS</u> | <u>EXEMPT</u> | <u>TAX ADJUSTMENTS</u> | <u>STATE AND LOCAL CODES</u> | | |
|------------|------------|---------------|---------------|------------------------|------------------------------|---------|-------------|
| ID NUMBER: | P002406616 | FED: MARRIED | 00 | FED: \$.00 | ST: \$.00 | PRI: IL | LOC1: LOC3: |
| BASE RATE: | 966.80 | ST1: | 00 | D1/UC: | | SEC: | LOC2: LOC4: |
| SSN: | | ST2: | | LOCAL: | | | LOC5: |

IMPORTANT MESSAGE

| HOURS AND EARNINGS | | | | | TAXES AND DEDUCTIONS | | | | SPECIAL INFORMATION | |
|--------------------|-------------|----------|-------------|----------|----------------------|--------|---------|------------|---------------------|--|
| CURRENT | | Y-T-D | | | CURRENT | | Y-T-D | | | |
| DESCRIPTION | HOURS/UNITS | EARNINGS | HOURS/UNITS | EARNINGS | DESCRIPTION | AMOUNT | AMOUNT | | | |
| EG | 11.9800 | 59.50 | 711.62 | | SO SEC TAX | 59.88 | 536.18 | LAWSON ID# | 103895 | |
| FO F | 11.9800 | 20.50 | 245.18 | | MEDICARE TAX | 14.01 | 125.40 | | | |
| VCEN | | | 80.00 | | FED INC TAX | 67.25 | 611.97 | | | |
| | | | | 625.25 | PRI-STATE TAX | 28.86 | 255.92 | | | |
| EG | | | | 16.00 | | | | | | |
| AC | | | | 73.75 | | | | | | |
| FO FULL TIME | | | | 6.42 | | | | | | |
| I | | | | | | | | | | |
| VCEN | | | | 767.00 | | | | | | |
| | | | | | TOTAL TAXES | 169.80 | 1529.47 | | | |
| | | | | | AFTER-TAX DEDUCTIONS | | | | | |
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A Payroll Service By Ceridian

TCF NATIONAL BANK
800 BURR RIDGE PARKWAY
BURR RIDGE, IL 60521

069-P

CHECK NO: A838783

UR ENTIRE NET PAY HAS BEEN DEPOSITED IN YOUR BANK ACCOUNT(S). PLEASE REVIEW
E "CURRENT NET PAY DISTRIBUTION" SECTION OF YOUR STATEMENT OF EARNINGS FOR DETAILS.

NOT NEGOTIABLE

TCFTCF NATIONAL BANK
800 BURR RIDGE PARKWAY
BURR RIDGE, IL 60521CHECK NO: A842073
CHECK DATE: 05/09/08
PERIOD ENDING: 05/10/08
PAY FREQUENCY: BIWEEKLYDELGADO, MARIA G
3250 WASHINGTON ST
FRANKLIN PRK, IL 60131

| ID NUMBER: | STATUS | EXEMPT | TAX ADJUSTMENTS | STATE AND LOCAL CODES |
|-------------------|--------------|--------|------------------------|-----------------------|
| P002408616 | FED: MARRIED | 00 | FED: \$.00 ST: \$.00 | PRI: IL LOC1: LOC3: |
| BASE RATE: 956.80 | ST1: | 00 | D1/UC: | SEC: LOC2: LOC4: |
| SSN: | ST2: | | LOCAL: | LOC5: |

IMPORTANT MESSAGE

HOURS AND EARNINGS

TAXES AND DEDUCTIONS

SPECIAL INFORMATION

| CURRENT | | | | Y-T-D | | CURRENT | | | | Y-T-D | | LAWSON ID# | 103895 |
|---------------|-------------|----------|-------------|----------|---------------|---------|--------|--------|--------|-------|--|------------|--------|
| DESCRIPTION | HOURS/UNITS | EARNINGS | HOURS/UNITS | EARNINGS | DESCRIPTION | AMOUNT | AMOUNT | AMOUNT | AMOUNT | | | | |
| REG | 11.9600 | 78.50 | 938.86 | | SO SEC TAX | 54.73 | 590.91 | | | | | | |
| PTO F | 11.9600 | 1.00 | 11.96 | | MEDICARE TAX | 12.80 | 138.20 | | | | | | |
| JT | 17.9411 | .17 | 3.05 | | FED INC TAX | 56.56 | 668.53 | | | | | | |
| REG | | | | 703.75 | PRI-STATE TAX | 26.20 | 282.12 | | | | | | |
| /AC | | | | 16.00 | | | | | | | | | |
| PTO FULL TIME | | | | 74.75 | | | | | | | | | |
| JT | | | | 6.59 | | | | | | | | | |
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IN RE:

Case No. _____

Delgado, Maria

Chapter 13

Debtor(s)

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$ **3,500.00**

Prior to the filing of this statement I have received \$ _____

Balance Due \$ **3,500.00**

2. The source of the compensation paid to me was: ☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is: ☒ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~
 - e. [Other provisions as needed]

6. By agreement with the debtor(s), the above disclosed fee does not include the following services:

Litigation/Adversary Proceedings
Motions to Redeem \$400.00
Credit Education Fees

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

July 30, 2008

Date

/s/ Derek Lofland

Signature of Attorney

Gleason & Gleason

Name of Law Firm

Certificate Number: 00437-ILN-CC-004309887

CERTIFICATE OF COUNSELING

I CERTIFY that on June 26, 2008, at 8:56 o'clock AMMDT.

Maria Delgado received from

Black Hills Children's Ranch, Inc.

an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the

Northern District of Illinois, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet and telephone.

Date: June 26, 2008

By /s/Rhonda Bossman

Name Rhonda Bossman

Title Credit Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

IN RE:

Delgado, Maria

Debtor(s)

Case No. _____

Chapter 13

DECLARATION REGARDING ELECTRONIC FILING

Signed by Debtor(s) or Corporate Representative
To Be Used When Filing over the Internet

PART I - DECLARATION OF PETITIONER

Date: 5/23/08

A. To be completed in all cases.

I (We) Maria Delgado and _____, the undersigned debtor(s), corporate officer, partner, or member, hereby declare under penalty of perjury that the information I(we) have given my (our) attorney, including correct social security number(s) and the information provided in the electronically filed petition, statements, schedules, and if applicable, application to pay filing fee in installments, is true and correct. I(we) consent to my(our) attorney sending the petition, statements, schedules, and this DECLARATION to the United States Bankruptcy Court. I(we) understand that this DECLARATION must be filed with the Clerk in addition to the petition. I(we) understand that failure to file this DECLARATION will cause this case to be dismissed pursuant to 11 U.S.C. sections 707(a) and 105.

B. To be checked and applicable only if the petitioner is an individual (or individuals) whose debts are primarily consumer debts and who has (or have) chosen to file under chapter 7.

☐ I(we) am(are) aware that I(we) may proceed under chapter 7, 11, 12, or 13 of Title 11 United States Code; I(we) understand the relief available under each such chapter; I(we) choose to proceed under chapter 7; and I(we) request relief in accordance with chapter 7.

C. To be checked and applicable only if the petition is a corporation, partnership, or limited liability entity.

☐ I declare under penalty of perjury that the information provided in this petition is true and correct and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter specified in the petition.

Signature: Maria B Delgado
(Debtor or Corporate Officer, Partner or Member)

Signature: _____
(Joint Debtor)

U.S. Individual Income Tax Return

2007

IRS Use Only—Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2007, or other tax year beginning

2007, ending

20

OMB No. 1545-0074

Your first name and initial

Last name

Your social security number

MARIA G

DELGADO

334-78-6566

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

3250 WASHINGTON ST

City, town or post office, state, and ZIP code. If you have a foreign address, see instructions.

FRANKLIN PARK, IL 60131

You must enter your SSN(s) above.

Checking a box below will not change your tax or refund

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund

1 Single

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above and full name here.

4 X Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here

5 Qualifying widow(er) with dependent child

6a X Yourself. If someone can claim you as a dependent, do not check box 6a

b Spouse

c Dependents:

(1) First name Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) X if qual. child for child tax credit

ERIC RENTERIA

342-96-3919 Son

Boxes checked on 6a and 6b

No. of children on 6c who:

• lived with you 1

• did not live with you due to divorce or separation

Dependents on 6c not entered above

Add numbers on lines above

d Total number of exemptions claimed

7 Wages, salaries, tips, etc. Attach Form(s) W-2

8a Taxable interest. Attach Schedule B if required

b Tax-exempt interest. Do not include on line 8a

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends

10 Taxable refunds, credits, or offsets of state and local income taxes

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here

14 Other gains or (losses). Attach Form 4797

15a IRA distributions

16a Pensions and annuities

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits

21 Other income. List type and amount

22 Add the amounts in the far right column for lines 7 through 21. This is your total income

23 Educator expenses

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

25 Health savings account deduction. Attach Form 8889

26 Moving expenses. Attach Form 3903

27 One-half of self-employment tax. Attach Schedule SE

28 Self-employed SEP, SIMPLE, and qualified plans

29 Self-employed health insurance deduction

30 Penalty on early withdrawal of savings

31a Alimony paid b Recipient's SSN

32 IRA deduction

33 Student loan interest deduction

34 Tuition and fees deduction. Attach Form 8917

35 Domestic production activities deduction. Attach Form 8903

36 Add lines 23-31a and 32-35

37 Subtract line 36 from line 22. This is your adjusted gross income

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

JTA

FD001 11/08/07

Form 1040 (2007)

Use the IRS label.

Otherwise, please print or type.

Presidential

Election Campaign

Filing Status

Check only one box.

Exemptions

If more than four dependents, see instructions.

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

Adjusted Gross Income

MARIA G DELGADO

Document

Page 58 of 66

78-6566 Page 2

| | | | |
|-----|--|-----|---------|
| 38 | Amount from line 37 (adjusted gross income) | 38 | 26,595. |
| 39a | Check <input type="checkbox"/> You were born before Jan 2, 1943, <input type="checkbox"/> Blind. Total boxes | | |
| | if: <input type="checkbox"/> Spouse was born before Jan 2, 1943, <input type="checkbox"/> Blind. checked <input type="checkbox"/> 39a | | |
| | b If your spouse itemizes on a separate return or you were a dual-status alien, see instr and check here <input type="checkbox"/> 39b | | |
| 40 | Itemized deductions (from Schedule A) or your standard deduction (see left margin) | 40 | 7,850. |
| 41 | Subtract line 40 from line 38 | 41 | 18,745. |
| 42 | If in 38 is \$117,300 or less, multiply \$3,400 by the number of exemptions claimed on line 6d. If line 38 is over \$117,300, see the worksheet on page 33 | 42 | 6,800. |
| 43 | Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- | 43 | 11,945. |
| 44 | Tax. Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> Form 8889 | 44 | 1,229. |
| 45 | Alternative minimum tax. Attach Form 6251 | 45 | |
| 46 | Add lines 44 and 45 | 46 | 1,229. |
| 47 | Credit for child and dependent care exp. Attach Form 2441 | 47 | |
| 48 | Credit for the elderly or the disabled. Attach Schedule R | 48 | |
| 49 | Education credits. Attach Form 8863 | 49 | |
| 50 | Residential energy credits. Attach Form 5695 | 50 | |
| 51 | Foreign tax credit. Attach Form 1116 if required | 51 | |
| 52 | Child tax credit. Attach Form 8901 if required | 52 | 1,000. |
| 53 | Retirement savings contributions credit. Attach Form 8880 | 53 | |
| 54 | Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859 c <input type="checkbox"/> Form 8839 | 54 | |
| 55 | Other credits: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8901 c <input type="checkbox"/> Form | 55 | |
| 56 | Add lines 47 through 55. These are your total credits | 56 | 1,000. |
| 57 | Subtract line 56 from line 46. If line 56 is more than line 46, enter -0- | 57 | 229. |
| 58 | Self-employment tax. Attach Schedule SE | 58 | |
| 59 | Unreported Social security and Medicare tax from: a <input type="checkbox"/> Form 4137 b <input type="checkbox"/> Form 9919 | 59 | |
| 60 | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required NO | 60 | 547. |
| 61 | Advance earned income credit payments from Form(s) W-2, box 9 | 61 | |
| 62 | Household employment taxes. Attach Schedule H | 62 | |
| 63 | Add lines 57 through 62. This is your total tax | 63 | 776. |
| 64 | Federal income tax withheld from Forms W-2 and 1099 | 64 | 2,596. |
| 65 | 2007 est tax payments and amount applied from 2006 return | 65 | |
| 66a | Earned income credit (EIC) | 66a | 1,065. |
| | b Nontaxable combat pay election <input type="checkbox"/> 66b | | |
| 67 | Excess social security and tier 1 RRTA tax withheld | 67 | |
| 68 | Additional child tax credit. Attach Form 8812 | 68 | |
| 69 | Amount paid with request for extension to file | 69 | |
| 70 | Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885 | 70 | |
| 71 | Refundable credit for prior year min tax from Form 8801, line 27 | 71 | |
| 72 | Add lines 64, 65, 66a, and 67 through 71. These are your total payments | 72 | 3,661. |
| 73 | If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid | 73 | 2,885. |
| 74a | Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/> | 74a | 2,885. |
| | b Routing number 271972572 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d Account number 6438735886 | | |
| 75 | Amount of line 73 you want applied to your 2008 estimated tax | 75 | |
| 76 | Amount you owe. Subtract line 72 from line 63 | 76 | |
| 77 | Estimated tax penalty | 77 | |

Other Taxes

Payments

Refund

Direct deposit?

Fill in 74b, 74c, and 74d or, Form 8888.

Amount You Owe

Third Party Designee

Sign Here

Joint return? Keep a copy for your records.

Paid Preparer's Use Only

Do you want to allow another person to discuss this return with the IRS? ☒ Yes. Complete the following. ☐ No

Designee's name Preparer Phone number Personal identification no. (PIN)

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature Date 2/18/2008 Your occupation LABOR Daytime phone number (847) 288-7323

Spouse's signature: If a joint return, both must sign. Date Spouse's occupation

Preparer's signature Date 2/18/2008 Check if self-employed ☐ Preparer's SSN or PTIN P00301371

Firm's name (or yours if self-employed) TAXES & MORE, INC. EIN 30-0144237

Address and ZIP code 961 1/2 S ELMHURST RD Phone number (847) 756-0338

Dec Plaines, IL 60016

JTA

FD002 11/03/07

Form 1040 (2007)

U.S. Individual Income Tax Return

2007

IRS Use Only—Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2007, or other tax year beginning

2007, ending

20

OMB No. 1545-0074

Your first name and initial

Last name

Your social security number

MARIA G

DELGADO

334-78-6566

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

3250 WASHINGTON ST
City, town or post office, state, and ZIP code. If you have a foreign address, see instructions.

FRANKLIN PARK, IL 60131

You must enter
your SSN(s) above.

Checking a box below will not
change your tax or refund

Use the IRS
label.

Otherwise,
please print
or type.

Presidential

Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund

1 ☐ Single

2 ☐ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above
and full name here.

4 ☒ Head of household (with qualifying person). If
the qualifying person is a child but not your dependent, enter
this child's name here

5 ☐ Qualifying widow(er) with dependent child

You ☐ Spouse

Filing Status

Check only
one box.

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

b ☐ Spouse

c Dependents:

(1) First name Last name

(2) Dependent's
social security number

(3) Dependent's
relationship to you

(4) ☒ if qual
child for child
tax credit

ERIC RENTERIA

342-96-3919 Son

Boxes checked
on 6a and 6b

No. of children
on 6c who:

• lived with you

• did not live
with you due to
divorce or
separation

Dependents
on 6c not
entered above

Add numbers
on lines above

d Total number of exemptions claimed

7 Wages, salaries, tips, etc. Attach Form(s) W-2

8a Taxable interest. Attach Schedule B if required

b Tax-exempt interest. Do not include on line 8a

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends

10 Taxable refunds, credits, or offsets of state and local income taxes

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here

14 Other gains or (losses). Attach Form 4797

15a IRA distributions

16a Pensions and annuities

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits

21 Other income. List type and amount

REPAYMENT OF SICK PAY BENEF

22 Add the amounts in the far right column for lines 7 through 21. This is your total income

23 Educator expenses

24 Certain business expenses of reservists, performing artists, and
fee-basis government officials. Attach Form 2106 or 2106-EZ

25 Health savings account deduction. Attach Form 8889

26 Moving expenses. Attach Form 3903

27 One-half of self-employment tax. Attach Schedule SE

28 Self-employed SEP, SIMPLE, and qualified plans

29 Self-employed health insurance deduction

30 Penalty on early withdrawal of savings

31a Alimony paid b Recipient's SSN

32 IRA deduction

33 Student loan interest deduction

34 Tuition and fees deduction. Attach Form 8917

35 Domestic production activities deduction. Attach Form 8903

36 Add lines 23-31a and 32-35

37 Subtract line 36 from line 22. This is your adjusted gross income

Income

Attach Form(s)
W-2 here. Also
attach Forms
W-2G and
1099-R if tax
was withheld.

If you did not
get a W-2,
see instructions.

Enclose, but do
not attach, any
payment. Also,
please use
Form 1040-V.

Adjusted
Gross
Income

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

JTA

FD001 11/08/07

Form 1040 (2007)

MARIA G DELGADO

Document Page 60 of 66

78-6566 Page 2

| | | | |
|-----|--|-----|---------|
| 38 | Amount from line 37 (adjusted gross income) | 38 | 26,595. |
| 39a | Check <input type="checkbox"/> You were born before Jan 2, 1943, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a <input type="checkbox"/> 39b | | |
| | if: <input type="checkbox"/> Spouse was born before Jan 2, 1943, <input type="checkbox"/> Blind. | | |
| 40 | Itemized deductions (from Schedule A) or your standard deduction (see left margin) | 40 | 7,850. |
| 41 | Subtract line 40 from line 38 | 41 | 18,745. |
| 42 | If in 38 is \$117,300 or less, multiply \$3,400 by the number of exemptions claimed on line 6d. If line 38 is over \$117,300, see the worksheet on page 33 | 42 | 6,800. |
| 43 | Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- | 43 | 11,945. |
| 44 | Tax. Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> Form 8889 | 44 | 1,229. |
| 45 | Alternative minimum tax. Attach Form 6251 | 45 | |
| 46 | Add lines 44 and 45 | 46 | 1,229. |
| 47 | Credit for child and dependent care exp. Attach Form 2441 | 47 | |
| 48 | Credit for the elderly or the disabled. Attach Schedule R | 48 | |
| 49 | Education credits. Attach Form 8863 | 49 | |
| 50 | Residential energy credits. Attach Form 5695 | 50 | |
| 51 | Foreign tax credit. Attach Form 1116 if required | 51 | |
| 52 | Child tax credit. Attach Form 8901 if required | 52 | 1,000. |
| 53 | Retirement savings contributions credit. Attach Form 8880 | 53 | |
| 54 | Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859 c <input type="checkbox"/> Form 8839 | 54 | |
| 55 | Other credits: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form | 55 | |
| 56 | Add lines 47 through 55. These are your total credits | 56 | 1,000. |
| 57 | Subtract line 56 from line 46. If line 56 is more than line 46, enter -0- | 57 | 229. |
| 58 | Self-employment tax. Attach Schedule SE | 58 | |
| 59 | Unreported Social security and Medicare tax from: a <input type="checkbox"/> Form 4137 b <input type="checkbox"/> Form 8919 | 59 | |
| 60 | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required NO | 60 | 547. |
| 61 | Advance earned income credit payments from Form(s) W-2, box 9 | 61 | |
| 62 | Household employment taxes. Attach Schedule H | 62 | |
| 63 | Add lines 57 through 62. This is your total tax | 63 | 776. |
| 64 | Federal income tax withheld from Forms W-2 and 1099 | 64 | 2,596. |
| 65 | 2007 est tax payments and amount applied from 2006 return | 65 | |
| 66a | Earned income credit (EIC) | 66a | 1,065. |
| | b Nontaxable combat pay election <input type="checkbox"/> 66b | | |
| 67 | Excess social security and tier 1 RRTA tax withheld | 67 | |
| 68 | Additional child tax credit. Attach Form 8812 | 68 | |
| 69 | Amount paid with request for extension to file | 69 | |
| 70 | Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885 | 70 | |
| 71 | Refundable credit for prior year min tax from Form 8801, line 27 | 71 | |
| 72 | Add lines 64, 65, 66a, and 67 through 71. These are your total payments | 72 | 3,661. |
| 73 | If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid | 73 | 2,885. |
| 74a | Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/> | 74a | 2,885. |
| | b Routing number 271972572 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d Account number 6438735886 | | |
| 75 | Amount of line 73 you want applied to your 2008 estimated tax | 75 | |
| 76 | Amount you owe. Subtract line 72 from line 63 | 76 | |
| 77 | Estimated tax penalty | 77 | |

Other Taxes

Payments

Refund

Direct deposit?

Fill in 74b, 74c, and 74d or, Form 8888.

Amount You Owe

Third Party Designee

Sign Here

Joint return? Keep a copy for your records.

Paid Preparer's Use Only

Do you want to allow another person to discuss this return with the IRS? ☒ Yes. Complete the following. ☐ No

Designee's name Preparer's name Phone number Personal identification no. (PIN)

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature Date Your occupation Daytime phone number

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation

Preparer's signature Date Check if self-employed ☐ Preparer's SSN or PTIN

Firm's name (or yours if self-employed) TAXES & MORE, INC. EIN 30-0144237

Address, and ZIP code 961 1/2 S ELMHURST RD Phone number (847) 758-0338

City, State, and ZIP code Oak Blaines, IL 60016

JTA

FD002 11/08/07

Form 1040 (2007)

IRS Use Only—Do not write or staple in this space

JTA

ARIA G DELGADO

Document

Page 62 of 66

Page 2

Enter the amount from line 21 (adjusted gross income).

22

24,999.

23a Check ☐ You were born before Jan 2, 1942, ☐ Blind } Total boxes
 if: ☐ Spouse was born before Jan 2, 1942, ☐ Blind } checked ▶ 23a ☐

b If you are married filing separately and your spouse itemizes deductions,
 see instructions and check here ▶ 23b ☐

24 Enter your standard deduction (see left margin)

24 7,550.

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-.

25 17,449.

26 If line 22 is over \$112,875, or you provided housing to a person displaced by
 Hurricane Katrina, see instructions. Otherwise, multiply \$3,300 by the total number
 of exemptions claimed on line 6d.

26 6,600.

27 Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-.

27 10,849.

This is your taxable income.

28 Tax, including any alternative minimum tax

28 1,086.

29 Credit for child and dependent care expenses. Attach Schedule 2.

29

30 Credit for the elderly or the disabled. Attach Schedule 3.

30

31 Education credits. Attach Form 8863.

31

32 Retirement savings contributions credit.

32

Attach Form 8880.

33 Child tax credit. Attach Form 8901 if required.

33

1,000.

34 Add lines 29 through 33. These are your total credits.

34 1,000.

35 Subtract line 34 from line 28. If line 34 is more than line 28, enter -0-.

35 86.

36 Advance earned income credit payments from Form(s) W-2, box 9.

36

37 Add lines 35 and 36. This is your total tax.

37 86.

38 Federal income tax withheld from Forms W-2
 and 1099.

38

1,695.

39 2006 estimated tax payments and amount applied from 2005 return.

39

40a Earned income credit (EIC).

40a

1,123.

b Nontaxable combat pay election.

40b

41 Additional child tax credit. Attach Form 8812.

41

42 Credit for federal telephone excise tax paid.

42

Attach Form 8913 if required.

40.

43 Add lines 38, 39, 40a, 41, and 42. These are your total payments.

43 2,858.

44 If line 43 is more than line 37, subtract line 37 from line 43.

44 2,772.

This is the amount you overpaid.

45a Amount of line 44 you want refunded to you. If Form 8888 is attached, check here ▶

45a 2,772.

b Routing

number 271972572

c Type:

☒ Checking☐ Savings

d Account

number 5876054592

46 Amount of line 44 you want applied to your

46

2007 estimated tax.

47 Amount you owe. Subtract line 43 from line 37. For details on how to pay,
 see instructions.

47

48 Estimated tax penalty.

48

Amount
you oweThird
party
designee

Do you want to allow another person to discuss this return with the IRS?

☒ Yes. Complete the following.

No

Designee's

Phone

name ▶ Preparer

no ▶

Personal identification

number (PIN) ▶

Sign
hereUnder penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief,
 they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer)
 is based on all information of which the preparer has any knowledge.

Your signature

Date
1/24/2007

Your occupation

Daytime phone number

Spouse's signature. If a joint return, both must sign.

Date

LABOR

Spouse's occupation

(847) 288-7323

Paid
preparer's
use only

Preparer's

signature

Date

1/24/2007

Check if
self-
employed

Preparer's SSN or PTIN

P00301371

Firm's name (or yours
if self-employed),
address, and ZIP code

TAXES & MORE, INC.

961 1/2 S ELMHURST RD

Des Plaines, IL 60016

EIN 30-0144237

Phone no

(847) 758-0338

JTA

FD151 10/06/06

Form 1040A (2006)

Department of the Treasury - Internal Revenue Service

U.S. Individual Income Tax Return

2005

(99)

IRS Use Only--Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2005, or other tax year beginning 2005, ending 20 OMB No. 1545-0074

the IRS
label.
Otherwise,
please print
or type.

Presidential
Election Campaign

| | | | | | | |
|---------------|--|--|-----------------------------|--|--|--|
| LABEL HERE | Your first name and initial MARIA G | | Last name DELGADO | | Your social security number 334-78-6566 | |
| | If a joint return, spouse's first name and initial | | Last name | | Spouse's social security number | |
| | Home address (number and street). If you have a P.O. box, see instructions. 3250 WASHINGTON ST | | | | Apt. no. | |
| | City, town or post office, state, and ZIP code. If you have a foreign address, see instructions. FRANKLIN PARK IL 60131-0000 | | | | Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse | |

- Check here if you, or your spouse if filing jointly, want \$3 to go to this fund
- 1 ☐ Single 4 ☒ Head of household (with a qualifying person). If the qualifying person is a child but not your dependent, enter the child's name here.
- 2 ☐ Married filing jointly (even if only one had income)
- 3 ☐ Married filing separately. Enter spouse's SSN above and full name here.
- 5 ☐ Qualifying widow(er) with dependent child

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

b ☐ Spouse

| (1) First name | Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) X if qualifying child for child tax credit | No. of children on 5c who: |
|----------------|-----------|--|-------------------------------------|--|--|
| ERIC | RENTERIA | 342-96-3919 | SON | <input checked="" type="checkbox"/> | lived with you 1 |
| | | | | <input type="checkbox"/> | did not live with you due to divorce or separation 0 |
| | | | | <input type="checkbox"/> | Dependents on 5c not entered above 0 |

d Total number of exemptions claimed 2

Income

Attach Form(s)
W-2 here. Also
attach Forms
W-2G and
1099-R if tax
was withheld.

If you did not
get a W-2,
see instructions.

Enclose, but do
not attach, any
payment. Also,
please use
Form 1040-V.

| | | | |
|-----|---|-----|------|
| 7 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 | 7701 |
| 8a | Taxable interest. Attach Schedule B if required | 8a | |
| b | Tax-exempt interest. Do not include on line 8a | 8b | |
| 9a | Ordinary dividends. Attach Schedule B if required | 9a | |
| b | Qualified dividends | 9b | |
| 10 | Taxable refunds, credits, or offsets of state and local income taxes | 10 | |
| 11 | Alimony received | 11 | |
| 12 | Business income or (loss). Attach Schedule C or C-EZ | 12 | |
| 13 | Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> | 13 | |
| 14 | Other gains or (losses). Attach Form 4797 | 14 | |
| 15a | IRA distributions | 15a | |
| b | Taxable amount | 15b | |
| 16a | Pensions and annuities | 16a | |
| b | Taxable amount | 16b | |
| 17 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 | |
| 18 | Farm income or (loss). Attach Schedule F | 18 | |
| 19 | Unemployment compensation | 19 | |
| 20a | Social security benefits | 20a | |
| b | Taxable amount | 20b | |
| 21 | Other income. List type and amount | 21 | |
| 22 | Add the amounts in the far right column for lines 7 through 21. This is your total income | 22 | 7701 |

Adjusted Gross Income

| | | | |
|-----|--|-----|------|
| 23 | Educator expenses | 23 | |
| 24 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ | 24 | |
| 25 | Health savings account deduction. Attach Form 8889 | 25 | |
| 26 | Moving expenses. Attach Form 3903 | 26 | |
| 27 | One-half of self-employment tax. Attach Schedule SE | 27 | |
| 28 | Self-employed SEP, SIMPLE, and qualified plans | 28 | |
| 29 | Self-employed health insurance deduction | 29 | |
| 30 | Penalty on early withdrawal of savings | 30 | |
| 31a | Alimony paid b Recipient's SSN | 31a | |
| 32 | IRA deduction | 32 | |
| 33 | Student loan interest deduction | 33 | |
| 34 | Tuition and fees deduction | 34 | |
| 35 | Domestic production activities deduction. Attach Form 8903 | 35 | |
| 36 | Add lines 23 through 31a and 32 through 35 | 36 | |
| 37 | Subtract line 36 from line 22. This is your adjusted gross income | 37 | 7701 |

JTA For Disclosure, Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 1040 (2005)

| | | | |
|-----|---|-----|------|
| 38 | Amount from line 37 (adjusted gross income) | 38 | 7701 |
| 39a | Check if: <input type="checkbox"/> You were born before January 2, 1941, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1941, <input type="checkbox"/> Blind. <input checked="" type="checkbox"/> Total boxes checked <input type="checkbox"/> 39a <input type="checkbox"/> 39b | | |
| 40 | Itemized deductions (from Schedule A) or your standard deduction (see left margin) | 40 | 7300 |
| 41 | Subtract line 40 from line 38 | 41 | 401 |
| 42 | If line 38 is over \$109,475, or you provided housing to a person displaced by Hurricane Katrina, see instructions. Otherwise, multiply \$3,200 by the total number of exemptions claimed on line 6d | 42 | 6400 |
| 43 | Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- | 43 | |
| 44 | Tax. Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 | 44 | |
| 45 | Alternative minimum tax. Attach Form 6251 | 45 | |
| 46 | Add lines 44 and 45 | 46 | |
| 47 | Foreign tax credit. Attach Form 1116 if required | 47 | |
| 48 | Credit for child and dependent care expenses. Attach Form 2441 | 48 | |
| 49 | Credit for the elderly or the disabled. Attach Schedule R | 49 | |
| 50 | Education credits. Attach Form 8863 | 50 | |
| 51 | Retirement savings contributions credit. Attach Form 8880 | 51 | |
| 52 | Child tax credit. Attach Form 8901 if required | 52 | |
| 53 | Adoption credit. Attach Form 8839 | 53 | |
| 54 | Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859 | 54 | |
| 55 | Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form | 55 | |
| 56 | Add lines 47 through 55. These are your total credits | 56 | |
| 57 | Subtract line 56 from line 46. If line 56 is more than line 46, enter -0- | 57 | |
| 58 | Self-employment tax. Attach Schedule SE | 58 | |
| 59 | Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 | 59 | |
| 60 | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required | 60 | |
| 61 | Advance earned income credit payments from Form(s) W-2 | 61 | |
| 62 | Household employment taxes. Attach Schedule H | 62 | |
| 63 | Add lines 57 through 62. This is your total tax | 63 | |
| 64 | Federal income tax withheld from Forms W-2 and 1099 | 64 | 834 |
| 65 | 2005 estimated tax payments and amount applied from 2004 return | 65 | |
| 66a | Earned income credit (EIC) | 66a | 2627 |
| b | Nontaxable combat pay election | 66b | |
| 67 | Excess social security and tier 1 RRTA tax withheld | 67 | |
| 68 | Additional child tax credit. Attach Form 8812 | 68 | |
| 69 | Amount paid with request for extension to file | 69 | |
| 70 | Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885 | 70 | |
| 71 | Add lines 64, 65, 66a, and 67 through 70. These are your total payments | 71 | 3461 |
| 72 | If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid | 72 | 3461 |
| 73a | Amount of line 72 you want refunded to you | 73a | 3461 |
| b | Routing number 271972572 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| d | Account number 5876054592 | | |
| 74 | Amount of line 72 you want applied to your 2006 estimated tax | 74 | |
| 75 | Amount you owe. Subtract line 71 from line 63. For details on how to pay, see instr. | 75 | |
| 76 | Estimated tax penalty | 76 | |

Who can be claimed as a dependent, see instr.
 • All others:
 Single or Married filing separately, \$5,000
 Married filing jointly or Qualifying widow(er), \$10,000
 Head of household, \$7,300

Other Taxes

Payments

If you have a qualifying child, attach Schedule EIC.

Refund

Direct deposit? See instructions and fill in 73b, 73c, and 73d.

Amount You Owe

Third Party Designee

Sign Here

Joint return? See instructions. Keep a copy for your records.

Paid Preparer's Use Only

40 U.S. Individual Income Tax Return 2004

IRS Use Only--Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2004, or other tax year beginning 2004, ending 20 OMB No. 1545-0074

Use the IRS label. Otherwise, please print or type.

Presidential Election Campaign

Filing Status

Check only one box.

Exemptions

If more than four dependents, see instructions.

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

Adjusted Gross Income

ITA

For Disclosure, Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2004)

| Your first name and initial MARIA G | | Last name DELGADO | | Your social security number 334-78-6566 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-----------|--|-------------------------------------|--|----------------------------|-------------|--|--|-------------------------------------|--|----------------------------|----------------|-----------|--|--|--|----------------|------|----------|-------------|-----|-------------------------------------|---|--|--|--|--|--------------------------|---|--|--|--|--|--------------------------|---|--|--|--|--|--------------------------|---|
| If a joint return, spouse's first name and initial | | Last name | | Spouse's social security number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home address (number and street). If you have a P.O. box, see instructions. 3250 WASHINGTON ST | | | | Apt. no. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City, town or post office, state, and ZIP code. If you have a foreign address, see instructions. FRANKLIN PARK IL 60131-0000 | | | | <p>Important! You must enter your SSN(s) above.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Note. Checking "Yes" will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here: 4 <input checked="" type="checkbox"/> Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. 5 <input type="checkbox"/> Qualifying widow(er) with dependent child</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a. b <input type="checkbox"/> Spouse</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th colspan="2">Dependents:</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) X if qualifying child for child tax credit</th> <th>No. of children on 6c who:</th> </tr> <tr> <th>(1) First name</th> <th>Last name</th> <th></th> <th></th> <th></th> <th>lived with you</th> </tr> </thead> <tbody> <tr> <td>ERIC</td> <td>RENTERIA</td> <td>342-96-3919</td> <td>SON</td> <td><input checked="" type="checkbox"/></td> <td>1</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td>0</td> </tr> </tbody> </table> | | | | | | Dependents: | | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) X if qualifying child for child tax credit | No. of children on 6c who: | (1) First name | Last name | | | | lived with you | ERIC | RENTERIA | 342-96-3919 | SON | <input checked="" type="checkbox"/> | 1 | | | | | <input type="checkbox"/> | 0 | | | | | <input type="checkbox"/> | 0 | | | | | <input type="checkbox"/> | 0 |
| Dependents: | | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) X if qualifying child for child tax credit | No. of children on 6c who: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (1) First name | Last name | | | | lived with you | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ERIC | RENTERIA | 342-96-3919 | SON | <input checked="" type="checkbox"/> | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | <input type="checkbox"/> | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | <input type="checkbox"/> | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | <input type="checkbox"/> | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>d Total number of exemptions claimed 2</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>7 Wages, salaries, tips, etc. Attach Form(s) W-2 34710</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>8a Taxable interest. Attach Schedule B if required 63</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>8b Tax-exempt interest. Do not include on line 8a 8b</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>9a Ordinary dividends. Attach Schedule B if required 9a</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>9b Qualified dividends 9b</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>10 Taxable refunds, credits, or offsets of state and local income taxes 10</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>11 Alimony received 11</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>12 Business income or (loss). Attach Schedule C or C-EZ 12</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> 13</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>14 Other gains or (losses). Attach Form 4797 14</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>15a IRA distributions 15a</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>15b Taxable amount 15b</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>16a Pensions and annuities 16a</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>16b Taxable amount 16b</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>18 Farm income or (loss). Attach Schedule F 18</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>19 Unemployment compensation 19</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>20a Social security benefits 20a</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>20b Taxable amount 20b</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>21 Other income. List type and amount 21</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>22 Add the amounts in the far right column for lines 7 through 21. This is your total income 34773</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>23 Educator expenses 23</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>25 IRA deduction 25</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>26 Student loan interest deduction 26</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>27 Tuition and fees deduction 27</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>28 Health savings account deduction. Attach Form 8889 28</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>29 Moving expenses. Attach Form 3903 29</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>30 One-half of self-employment tax. Attach Schedule SE 30</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>31 Self-employed health insurance deduction 31</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>32 Self-employed SEP, SIMPLE, and qualified plans 32</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>33 Penalty on early withdrawal of savings 33</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>34a Alimony paid b Recipient's SSN 34a</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>35 Add lines 23 through 34a 35</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>36 Subtract line 35 from line 22. This is your adjusted gross income 34773</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | |
|---|--|------------|-------|
| 37 | Amount from line 36 (adjusted gross income) | 37 | 34773 |
| 38a Check if: <input type="checkbox"/> You were born before January 2, 1940, <input type="checkbox"/> Blind. <input checked="" type="checkbox"/> Spouse was born before January 2, 1940, <input type="checkbox"/> Blind. checked 38a | | | |
| b If your spouse itemizes on a separate return or you were a dual-status alien, see instructions and check here 38b <input type="checkbox"/> | | | |
| 39 | Itemized deductions (from Schedule A) or your standard deduction (see left margin) | 39 | 7150 |
| 40 | Subtract line 39 from line 37 | 40 | 27623 |
| 41 | If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 37 is over \$107,025 see the worksheet in the instructions | 41 | 6200 |
| 42 | Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0- | 42 | 21423 |
| 43 | Tax. Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 | 43 | 2704 |
| 44 | Alternative minimum tax. Attach Form 6251 | 44 | |
| 45 | Add lines 43 and 44 | 45 | 2704 |
| 46 | Foreign tax credit. Attach Form 1116 if required | 46 | |
| 47 | Credit for child and dependent care expenses. Attach Form 2441 | 47 | 265 |
| 48 | Credit for the elderly or the disabled. Attach Schedule R | 48 | |
| 49 | Education credits. Attach Form 8863 | 49 | |
| 50 | Retirement savings contributions credit. Attach Form 8880 | 50 | 143 |
| 51 | Child tax credit | 51 | 1000 |
| 52 | Adoption credit. Attach Form 8839 | 52 | |
| 53 | Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859 | 53 | |
| 54 | Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify | 54 | |
| 55 | Add lines 46 through 54. These are your total credits | 55 | 1408 |
| 56 | Subtract line 55 from line 45. If line 55 is more than line 45, enter -0- | 56 | 1296 |
| Other Taxes | | | |
| 57 | Self-employment tax. Attach Schedule SE | 57 | |
| 58 | Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 | 58 | |
| 59 | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required | 59 | |
| 60 | Advance earned income credit payments from Form(s) W-2 | 60 | |
| 61 | Household employment taxes. Attach Schedule H | 61 | |
| 62 | Add lines 56 through 61. This is your total tax | 62 | 1296 |
| Payments | | | |
| 63 | Federal income tax withheld from Forms W-2 and 1099 | 63 | 3762 |
| 64 | 2004 estimated tax payments and amount applied from 2003 return | 64 | |
| 65a | Earned income credit (EIC) | 65a | 0 |
| b Nontaxable combat pay election 65b | | | |
| 66 | Excess social security and tier 1 RRTA tax withheld | 66 | |
| 67 | Additional child tax credit. Attach Form 8812 | 67 | |
| 68 | Amount paid with request for extension to file | 68 | |
| 69 | Other payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885 | 69 | |
| 70 | Add lines 63, 64, 65a, and 66 through 69. These are your total payments | 70 | 3762 |
| Refund | | | |
| 71 | If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid | 71 | 2466 |
| 72a | Amount of line 71 you want refunded to you | 72a | 2466 |
| b Routing number <u>271972572</u> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | | |
| d Account number <u>5876054592</u> | | | |
| 73 | Amount of line 71 you want applied to your 2005 estimated tax | 73 | |
| Amount You Owe | | | |
| 74 | Amount you owe. Subtract line 70 from line 62. For details on how to pay, see instr. | 74 | |
| 75 | Estimated tax penalty | 75 | |

| | | | |
|--|-----------|--|----------------------|
| Third Party Designee | | | |
| Designee's name | Phone no. | Personal identification number (PIN) | |
| Sign Here | | | |
| Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | | | |
| Your signature | Date | Your occupation | Daytime phone number |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | (847) 288-7323 |
| Paid Preparer's Use Only | | Preparer's SSN or PTIN | |
| Firm's name (or yours if self-employed), address, and ZIP code | Date | Check if self-employed <input checked="" type="checkbox"/> | P00301371 |
| TAXES & MORE INC 963 S ELMHURST RD DES PLAINES IL 60016-0000 | | EIN | 30-0144237 |
| | | Phone no. | (847) 758-0338 |